

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 02-27-2013 TIME: 09:10  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL MEDICAL CENTER (14-0148) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1	HOSPITAL	421,850	224,141	24,640	1
2	SUBPROVIDER - IPF	128,039			2
3	SUBPROVIDER - IRF	53,512			3
4	SUBPROVIDER (OTHER)				4
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	HOME HEALTH AGENCY				9
10	HEALTH CLINIC - RHC				10
11	HEALTH CLINIC - FQHC				11
12	OUTPATIENT REHABILITATION PROVIDER				12
200	TOTAL	603,401	224,141	24,640	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 701 NORTH FIRST STREET  
 2 CITY: SPRINGFIELD

STATE: IL

P.O. BOX:  
 ZIP CODE: 62781

COUNTY: SANGAMON

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	MEMORIAL MEDICAL CENTER	14-0148	44100	1	10/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MEMORIAL MEDICAL CENTER PSYCH	14-S148	44100	4	10/01/1966	N	P	O	4
5	SUBPROVIDER - IRF	MEMORIAL MEDICAL CENTER REHAB	14-T148	44100	5	10/01/1966	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	MEMORIAL MEDICAL CENTER RENAL	14-2315	44100		10/01/1966				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2011			TO: 09/30/2012					20
21	TYPE OF CONTROL				2					21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								1	N 23

		IN-STATE		OUT-OF	OUT-OF		MEDICAID	OTHER		
		MEDICAID	MEDICAID	STATE	MEDICAID	MEDICAID				
		PAID	UNPAID	PAID	UNPAID	HMO				
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		
		1	2	3	4	5	6	7		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	9,483	4,459	3	56			34	24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	440	410						25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1	2	
								N	N	39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX	
		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60

		Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/COL.2)	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	22.93	58.05	0.283156	64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)						
		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/COL.2)		
PROGRAM NAME	PROGRAM CODE	1	2	3	4	
65	FAMILY PRACTICE	1350	7.69	8.97	0.461585	65
65.01	INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02	PEDIATRICS	2000	0.51	0.17	0.750000	65.02

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1+COL.2)	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	24.61	70.58	0.258536	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FAMILY PRACTICE	1350	8.24	10.23	0.446129	67
67.01 INTERNAL MEDICINE	1400	5.23	24.44	0.176272	67.01
67.02 PEDIATRICS	2000	0.30	0.46	0.394737	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	Y	N		71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	Y	N		76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N			86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y		90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		1	2	105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N				108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	N	N	109

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 SICAL ATIONAL SPEECH RATORY

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		10/01/1966	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 14H058	140
-----	--	--------	-------------	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: MEMORIAL HEALTH SYSTEM	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142	STREET: 701 NORTH FIRST STREET	P.O. BOX:		142
143	CITY: SPRINGFIELD	STATE: IL	ZIP CODE: 62781	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE V	TITLE XIX
	PART A	PART B		
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		N 156
157 SUBPROVIDER - IRF	N	N		N 157
158 SUBPROVIDER - (OTHER)	N	N		N 158
159 SNF	N	N		N 159
160 HHA	N	N		N 160
161 CMHC		N		N 161

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	01/22/2013	Y	01/22/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36			WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
38	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: BOB	LAST NAME: URBANCE	TITLE: DIRECTOR OF REIMBURS	41
42	EMPLOYER: MEMORIAL MEDICAL CENTER			42
43	PHONE NUMBER: 217-788-3138	E-MAIL ADDRESS: URBANCE.BOB@MHSIL.COM		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	173,491,625	2,133,243	175,624,868	6,782,426.00	25.89 1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		9,789,002		9,789,002	128,727.00	76.04 3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	6,652,871	520	6,653,391	264,947.00	25.11 7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,787,414	101,506	5,888,920	244,328.00	24.10 10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		123,899		123,899	1,062.00	116.67 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		4,415,013		4,415,013	30,195.00	146.22 13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		16,985,419		16,985,419	281,445.00	60.35 14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		52,089,983		52,089,983		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		2,036,863		2,036,863		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		2,304,825		2,304,825		21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,403,883		1,403,883		25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		2,770,937	66,442	2,837,379	129,221.00	21.96 26
27	ADMINISTRATIVE & GENERAL		19,353,836	-267,200	19,086,636	810,347.00	23.55 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		4,136,540		4,136,540	28,187.00	146.75 28
29	MAINTENANCE & REPAIRS		4,227,440	40,400	4,267,840	158,238.00	26.97 29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		165,848	3,121	168,969	12,162.00	13.89 31
32	HOUSEKEEPING		3,185,966	80,687	3,266,653	245,725.00	13.29 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		3,128,398	-2,088,699	1,039,699	69,788.00	14.90 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		669,291	2,171,706	2,840,997	202,928.00	14.00 36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,195,942	82,508	2,278,450	62,688.00	36.35 38
39	CENTRAL SERVICES AND SUPPLY		1,625,438	26,371	1,651,809	115,363.00	14.32 39
40	PHARMACY		5,691,797	54,388	5,746,185	152,055.00	37.79 40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,224,342	24,236	3,248,578	163,304.00	19.89 41
42	SOCIAL SERVICE			633,530	633,530	23,407.00	27.07 42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	161,186,292	2,132,723	163,319,015	6,416,939.00	25.45 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,787,414	101,506	5,888,920	244,328.00	24.10 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	155,398,878	2,031,217	157,430,095	6,172,611.00	25.50 3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	21,524,331		21,524,331	312,702.00	68.83 4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	52,089,983		52,089,983		33.09% 5
6	TOTAL (SUM OF LINES 3 THRU 5)	229,013,192	2,031,217	231,044,409	6,485,313.00	35.63 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	50,375,775	827,490	51,203,265	2,173,413.00	23.56 7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,321,775	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	19,809,439	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	18,267,850	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	2,053,143	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	345,616	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	302,046	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,119,242	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	12,155,223	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	284,924	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	247,355	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	56,906,613	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
02/27/2013 09:10

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2315

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	1					1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					3
4 CAPD EXCHANGES PER DAY						4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	366					5
6 NUMBER OF STATIONS	11					6
7 TREATMENT CAPACITY PER DAY PER STATION	2					7
8 UTILIZATION (SEE INSTRUCTIONS)						8
9 AVERAGE TIMES DIALYZERS RE-USED						9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						10
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST					208	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					33	12
EPOETIN						
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					27,304	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT					1,837	15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						16
ARANESP						
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))						
21 MCP INITIAL METHOD X						21

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART 1, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.258340	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				36,893,202	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				11,290,586	5
6	MEDICAID CHARGES				191,056,783	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				49,357,609	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				1,173,821	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				1,173,821	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	48,903,396	8,082,610	56,986,006		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	12,633,703	2,088,061	14,721,764		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	273,169	189,682	462,851		22
23	COST OF CHARITY CARE	12,360,534	1,898,379	14,258,913		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			12,673,005		26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,646,264		27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			10,026,741		28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,590,308		29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			16,849,221		30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			18,023,042		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		12,126,198	12,126,198	5,511,444	1
2	00200					2
3	00300					3
4	00400	2,770,937	39,468,202	42,239,139	-2,317,861	4
5	00500	19,353,836	95,341,023	114,694,859	-834,666	5
6	00600	4,227,440	13,060,417	17,287,857	67,031	6
7	00700					7
8	00800	165,848	1,870,303	2,036,151	3,121	8
9	00900	3,185,966	2,244,601	5,430,567	80,687	9
10	01000	3,128,398	1,276,021	4,404,419	-2,448,132	10
11	01100	669,291	2,305,801	2,975,092	2,531,139	11
12	01200					12
13	01300	2,195,942	297,452	2,493,394	82,508	13
14	01400	1,625,438	1,006,097	2,631,535	26,371	14
15	01500	5,691,797	19,572,317	25,264,114	-17,843,402	15
16	01600	3,224,342	2,317,653	5,541,995	62,797	16
17	01700				1,018,110	17
19	01900					19
20	02000					20
21	02100	6,652,871		6,652,871	520	21
22	02200		1,362,486	1,362,486		22
23	02300				9,462	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,662,730	6,984,173	34,646,903	1,430,481	30
31	03100	6,905,748	1,903,656	8,809,404	62,454	31
33	03300	1,264,071	479,201	1,743,272	-6,810	33
40	04000	3,754,036	547,937	4,301,973	3,833	40
41	04100	1,316,062	217,057	1,533,119	21,614	41
43	04300	3,539,717	1,194,813	4,734,530	-3,606,895	43
ANCILLARY SERVICE COST CENTERS						
50	05000	12,120,593	7,176,268	19,296,861	96,390	50
52	05200				2,406,088	52
53	05300	10,750,503	3,046,115	13,796,618	63,262	53
54	05400	7,660,047	10,257,164	17,917,211	94,140	54
55	05500	1,701,732	2,113,966	3,815,698	9,625	55
57	05700	1,089,598	2,428,844	3,518,442	11,966	57
58	05800	605,488	1,734,099	2,339,587	5,983	58
60	06000	9,895,959	17,059,782	26,955,741	131,919	60
62	06200	409,695	4,594,797	5,004,492	3,121	62
62.30	06250					62.30
65	06500	3,392,518	1,781,727	5,174,245	41,599	65
66	06600	6,849,032	1,379,498	8,228,530	84,643	66
67	06700	1,391,850	139,222	1,531,072	10,925	67
68	06800	526,182	53,477	579,659	5,252	68
69	06900	5,249,147	18,042,150	23,291,297	16,626	69
69.01	03340	1,415,368	1,877,446	3,292,814	-798	69.01
69.02	03650	352,382	204,200	556,582	2,081	69.02
70	07000	337,567	116,919	454,486	4,471	70
71	07100	424,435	38,626,112	39,050,547	253,175	71
73	07300				17,897,790	73
73.01	03640	143,555	413,469	557,024	1,040	73.01
74	07400	983,083	455,656	1,438,739	-227,638	74
75	07500	2,038,384	4,427,268	6,465,652	23,411	75
76.97	07697	1,082,323	143,242	1,225,565	16,025	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	7,020,398	4,297,120	11,317,518	-160,102	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	291,499	1,437,377	1,728,876	-131,766	105
109	10900				134,887	109
113	11300		6,076,593	6,076,593	-6,076,593	113
118		173,065,808	331,457,919	504,523,727	-1,428,672	118
NONREIMBURSABLE COST CENTERS						
190	19000	47,319	266,880	314,199		190
192	19200	41,573	45,784	87,357	15,411	192
192.01	19201				1,411,180	192.01
192.03	19202	51,105	140,694	191,799		192.03
192.04	19203					192.04
192.05	19204					192.05
192.06	19205					192.06
192.07	19206					192.07
192.08	19208					192.08
192.09	19207	66,217	709,470	775,687		192.09

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VERSION: 2012.11  
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS		
		1	2	3	4		
192.10	19209	AUDIOLOGY	219,603	366,187	585,790	2,081	192.10
200		TOTAL (SUM OF LINES 118-199)	173,491,625	332,986,934	506,478,559		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	17,637,642	1,607,844	19,245,486	1
2	00200	CAP REL COSTS-MVBLE EQUIP				2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	39,921,278	-1,902,349	38,018,929	4
5	00500	ADMINISTRATIVE & GENERAL	113,860,193	-48,049,949	65,810,244	5
6	00600	MAINTENANCE & REPAIRS	17,354,888	114,580	17,469,468	6
7	00700	OPERATION OF PLANT				7
8	00800	LAUNDRY & LINEN SERVICE	2,039,272		2,039,272	8
9	00900	HOUSEKEEPING	5,511,254	-87,655	5,423,599	9
10	01000	DIETARY	1,956,287	-134,298	1,821,989	10
11	01100	CAFETERIA	5,506,231	-4,304,992	1,201,239	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,575,902	-43,640	2,532,262	13
14	01400	CENTRAL SERVICES & SUPPLY	2,657,906		2,657,906	14
15	01500	PHARMACY	7,420,712	-5,000	7,415,712	15
16	01600	MEDICAL RECORDS & LIBRARY	5,604,792	-16,800	5,587,992	16
17	01700	SOCIAL SERVICE	1,018,110		1,018,110	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,653,391	-377,877	6,275,514	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	1,362,486		1,362,486	22
23	02300	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	9,462		9,462	23
30	03000	ADULTS & PEDIATRICS	36,077,384	-179,021	35,898,363	30
31	03100	INTENSIVE CARE UNIT	8,871,858	-175,269	8,696,589	31
33	03300	BURN INTENSIVE CARE UNIT	1,736,462	-68,048	1,668,414	33
40	04000	SUBPROVIDER - IPF	4,305,806	-5,388	4,300,418	40
41	04100	SUBPROVIDER - IRF	1,554,733	-381	1,554,352	41
43	04300	NURSERY	1,127,635	-88,508	1,039,127	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	19,393,251	43,561	19,436,812	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,406,088		2,406,088	52
53	05300	ANESTHESIOLOGY	13,859,880	-10,325,286	3,534,594	53
54	05400	RADIOLOGY-DIAGNOSTIC	18,011,351	356,641	18,367,992	54
55	05500	RADIOLOGY-THERAPEUTIC	3,825,323	-391	3,824,932	55
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,530,408	24,343	3,554,751	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,345,570	36,731	2,382,301	58
60	06000	LABORATORY	27,087,660	-1,479,806	25,607,854	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,007,613		5,007,613	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	5,215,844	-21,765	5,194,079	65
66	06600	PHYSICAL THERAPY	8,313,173	-133,410	8,179,763	66
67	06700	OCCUPATIONAL THERAPY	1,541,997	17,756	1,559,753	67
68	06800	SPEECH PATHOLOGY	584,911		584,911	68
69	06900	ELECTROCARDIOLOGY	23,307,923	-686,022	22,621,901	69
69.01	03340	GI UNIT	3,292,016	-6,953	3,285,063	69.01
69.02	03650	VASCULAR LAB	558,663	-19,036	539,627	69.02
70	07000	ELECTROENCEPHALOGRAPHY	458,957	-15,771	443,186	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	39,303,722	-637,639	38,666,083	71
73	07300	DRUGS CHARGED TO PATIENTS	17,897,790		17,897,790	73
73.01	03640	RENAL TXPLANT LAB	558,064	-32,123	525,941	73.01
74	07400	RENAL DIALYSIS	1,211,101	-21,701	1,189,400	74
75	07500	ASC (NON-DISTINCT PART)	6,489,063	-191,400	6,297,663	75
76.97	07697	CARDIAC REHABILITATION	1,241,590	13,222	1,254,812	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	11,157,416	-111,386	11,046,030	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	KIDNEY ACQUISITION	1,597,110	-93,453	1,503,657	105
109	10900	PANCREAS ACQUISITION	134,887		134,887	109
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	503,095,055	-67,000,639	436,094,416	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314,199		314,199	190
192	19200	PHYSICIANS' PRIVATE OFFICES	102,768		102,768	192
192.01	19201	SIU SCHOOL OF MEDICINE	1,411,180		1,411,180	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	191,799		191,799	192.03
192.04	19203	MEALS ON WHEELS				192.04
192.05	19204	ACS HOME CARE				192.05
192.06	19205	VNA OF CENTRAL IL				192.06
192.07	19206	GAMERO				192.07
192.08	19208	FOUNDATION				192.08
192.09	19207	SIU MAP PROGRAM	775,687		775,687	192.09

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192.10	19209 AUDIOLOGY	587,871		587,871	192.10
200	TOTAL (SUM OF LINES 118-199)	506,478,559	-67,000,639	439,477,920	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	192.01		713,781	1
2 LEASE RECLASS	A					2
500 TOTAL RECLASSIFICATIONS					713,781	500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	73		17,897,790	1
2 DRUGS CHARGED TO PATIENTS	B					2
500 TOTAL RECLASSIFICATIONS					17,897,790	500
CODE LETTER - B						
1 INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		6,005,190	1
2 INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	5		71,403	2
3 INTEREST EXPENSE	C					3
500 TOTAL RECLASSIFICATIONS					6,076,593	500
CODE LETTER - C						
1 SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	17	633,530		1
2 SOCIAL SERVICE RECLASS	D					2
3 SOCIAL SERVICE NON-SALARY COSTS	D	SOCIAL SERVICE	17		384,580	3
4 SOCIAL SERVICE NON-SALARY COSTS	D					4
500 TOTAL RECLASSIFICATIONS				633,530	384,580	500
CODE LETTER - D						
1 RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHRGED TO PA	71		240,115	1
2 RENAL MEDICAL SUPPLIES	E					2
500 TOTAL RECLASSIFICATIONS					240,115	500
CODE LETTER - E						
1 CAFE/DIETARY RECLASS	F	CAFETERIA	11	2,156,569		1
2 CAFE/DIETARY RECLASS	F					2
3 CAFE/DIETARY OTHER COSTS RECLASS	F	CAFETERIA	11		359,433	3
4 CAFE/DIETARY OTHER COSTS RECLASS	F					4
500 TOTAL RECLASSIFICATIONS				2,156,569	359,433	500
CODE LETTER - F						
1 FMS RECLASS	G	ADULTS & PEDIATRICS	30	928,114		1
2 FMS RECLASS	G	DELIVERY ROOM & LABOR ROOM	52	1,798,884		2
3 FMS RECLASS	G					3
4 FMS RECLASS OTHER COSTS	G	ADULTS & PEDIATRICS	30		313,280	4
5 FMS RECLASS OTHER COSTS	G	DELIVERY ROOM & LABOR ROOM	52		607,204	5
6 FMS RECLASS OTHER COSTS	G					6
500 TOTAL RECLASSIFICATIONS				2,726,998	920,484	500
CODE LETTER - G						
1 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5		12,015	1
2 CONTRACT LABOR	H	MEDICAL RECORDS & LIBRARY	16		38,561	2
3 CONTRACT LABOR	H	OPERATING ROOM	50		3,575	3
4 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55		104,615	4
5 CONTRACT LABOR	H	COMPUTED TOMOGRAPHY (CT) SCAN	57		1,958	5
6 CONTRACT LABOR	H	LABORATORY	60		32,980	6
7 CONTRACT LABOR	H					7
8 CONTRACT LABOR	H					8
9 CONTRACT LABOR	H					9
10 CONTRACT LABOR	H					10
11 CONTRACT LABOR	H					11
12 CONTRACT LABOR	H					12
500 TOTAL RECLASSIFICATIONS					193,704	500
CODE LETTER - H						
1 KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHRGED TO PA	71		9,629	1
2 KINETIC BED RECLASS	I					2
500 TOTAL RECLASSIFICATIONS					9,629	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 BUILDING INSURANCE RECLASS	J	CAP REL COSTS-BLDG & FIXT	1		246,666
2 BUILDING INSURANCE RECLASS	J				
500 TOTAL RECLASSIFICATIONS					246,666
CODE LETTER - J					500
1 OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	30	15,894	
2 OBSERVATION RECLASS	K				
3 OBSERVATION RECLASS	K				
4 OBSERVATION OTHER COST RECLASS	K	ADULTS & PEDIATRICS	30		5,770
5 OBSERVATION OTHER COST RECLASS	K				
6 OBSERVATION OTHER COST RECLASS	K				
500 TOTAL RECLASSIFICATIONS				15,894	5,770
CODE LETTER - K					500
1 SIU PURCHASED SERVICE SUPPORT	N	SIU SCHOOL OF MEDICINE	192.01		697,399
2 SIU PURCHASED SERVICE SUPPORT	N				
3 SIU PURCHASED SERVICE SUPPORT	N				
4 SIU PURCHASED SERVICE SUPPORT	N				
5 SIU PURCHASED SERVICE SUPPORT	N				
6 SIU PURCHASED SERVICE SUPPORT	N				
7 SIU PURCHASED SERVICE SUPPORT	N				
8 SIU PURCHASED SERVICE SUPPORT	N				
9 SIU PURCHASED SERVICE SUPPORT	N				
10 SIU PURCHASED SERVICE SUPPORT	N				
500 TOTAL RECLASSIFICATIONS					697,399
CODE LETTER - N					500
1 PANCREAS RECLASS SALARY	P	PANCREAS ACQUISITION	109	17,665	
2 PANCREAS RECLASS SALARY	P				
3 PANCREAS RECLASS OTHER COSTS	P	PANCREAS ACQUISITION	109		117,222
4 PANCREAS RECLASS OTHER COSTS	P				
500 TOTAL RECLASSIFICATIONS				17,665	117,222
CODE LETTER - P					500
1 MANAGEMENT INCENTIVE PROGRAM	Q				
2 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	4	28,204	
3 MANAGEMENT INCENTIVE PROGRAM	Q	ADMINISTRATIVE & GENERAL	5	185,071	
4 MANAGEMENT INCENTIVE PROGRAM	Q	MAINTENANCE & REPAIRS	6	7,625	
5 MANAGEMENT INCENTIVE PROGRAM	Q	HOUSEKEEPING	9	1,350	
6 MANAGEMENT INCENTIVE PROGRAM	Q	DIETARY	10	17,926	
7 MANAGEMENT INCENTIVE PROGRAM	Q	CAFETERIA	11	1,350	
8 MANAGEMENT INCENTIVE PROGRAM	Q	NURSING ADMINISTRATION	13	56,236	
9 MANAGEMENT INCENTIVE PROGRAM	Q	CENTRAL SERVICES & SUPPLY	14	2,700	
10 MANAGEMENT INCENTIVE PROGRAM	Q	PHARMACY	15	17,971	
11 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL RECORDS & LIBRARY	16	22,218	
12 MANAGEMENT INCENTIVE PROGRAM	Q	ADULTS & PEDIATRICS	30	92,121	
13 MANAGEMENT INCENTIVE PROGRAM	Q	INTENSIVE CARE UNIT	31	20,595	
14 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IPF	40	15,112	
15 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IRF	41	6,267	
16 MANAGEMENT INCENTIVE PROGRAM	Q	NURSERY	43	6,251	
17 MANAGEMENT INCENTIVE PROGRAM	Q	OPERATING ROOM	50	27,624	
18 MANAGEMENT INCENTIVE PROGRAM	Q	ANESTHESIOLOGY	53	31,787	
19 MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-DIAGNOSTIC	54	12,201	
20 MANAGEMENT INCENTIVE PROGRAM	Q	LABORATORY	60	23,708	
21 MANAGEMENT INCENTIVE PROGRAM	Q	RESPIRATORY THERAPY	65	7,263	
22 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICAL THERAPY	66	34,872	
23 MANAGEMENT INCENTIVE PROGRAM	Q	SPEECH PATHOLOGY	68	1,350	
24 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROCARDIOLOGY	69	19,747	
25 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROENCEPHALOGRAPHY	70	1,350	
26 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL SUPPLIES CHRGED TO PA	71	1,350	
27 MANAGEMENT INCENTIVE PROGRAM	Q	RENAL DIALYSIS	74	7,535	
28 MANAGEMENT INCENTIVE PROGRAM	Q	CARDIAC REHABILITATION	76.97	5,880	
29 MANAGEMENT INCENTIVE PROGRAM	Q	EMERGENCY	91	19,959	
30 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICIANS' PRIVATE OFFICES	192	7,347	
500 TOTAL RECLASSIFICATIONS				682,970	
CODE LETTER - Q					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1		2	3	4	5
1 EMS COORDINATOR RECLASS SALARY	S	PARAMED ED PRGM-(SPECIFY)	23	8,790	1
2 EMS COORDINATOR RECLASS SALARY	S				2
3 EMS COORDINATOR RECLASS OTHER COSTS	S	PARAMED ED PRGM-(SPECIFY)	23		672 3
4 EMS COORDINATOR RECLASS OTHER COSTS	S				4
500 TOTAL RECLASSIFICATIONS				8,790	672 500
CODE LETTER - S					
1 DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	6		26,631 1
2 DEPRECIATION RECLASS	T				2
500 TOTAL RECLASSIFICATIONS					26,631 500
CODE LETTER - T					
1 SUCCESS SHARING PROGRAM	W				1
2 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	4	38,238	2
3 SUCCESS SHARING PROGRAM	W	ADMINISTRATIVE & GENERAL	5	193,274	3
4 SUCCESS SHARING PROGRAM	W	MAINTENANCE & REPAIRS	6	32,775	4
5 SUCCESS SHARING PROGRAM	W	LAUNDRY & LINEN SERVICE	8	3,121	5
6 SUCCESS SHARING PROGRAM	W	HOUSEKEEPING	9	79,337	6
7 SUCCESS SHARING PROGRAM	W	DIETARY	10	49,944	7
8 SUCCESS SHARING PROGRAM	W	CAFETERIA	11	13,787	8
9 SUCCESS SHARING PROGRAM	W	NURSING ADMINISTRATION	13	26,272	9
10 SUCCESS SHARING PROGRAM	W	CENTRAL SERVICES & SUPPLY	14	23,671	10
11 SUCCESS SHARING PROGRAM	W	PHARMACY	15	36,417	11
12 SUCCESS SHARING PROGRAM	W	MEDICAL RECORDS & LIBRARY	16	40,579	12
13 SUCCESS SHARING PROGRAM	W	I&R SRVCES-SALARY & FRINGES A	21	520	13
14 SUCCESS SHARING PROGRAM	W	ADULTS & PEDIATRICS	30	271,568	14
15 SUCCESS SHARING PROGRAM	W	INTENSIVE CARE UNIT	31	73,095	15
16 SUCCESS SHARING PROGRAM	W	BURN INTENSIVE CARE UNIT	33	11,706	16
17 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IPF	40	35,377	17
18 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IRF	41	15,347	18
19 SUCCESS SHARING PROGRAM	W	NURSERY	43	34,336	19
20 SUCCESS SHARING PROGRAM	W	OPERATING ROOM	50	100,147	20
21 SUCCESS SHARING PROGRAM	W	ANESTHESIOLOGY	53	31,475	21
22 SUCCESS SHARING PROGRAM	W	RADIOLOGY-DIAGNOSTIC	54	81,939	22
23 SUCCESS SHARING PROGRAM	W	RADIOLOGY-THERAPEUTIC	55	9,625	23
24 SUCCESS SHARING PROGRAM	W	COMPUTED TOMOGRAPHY (CT) SCAN	57	11,966	24
25 SUCCESS SHARING PROGRAM	W	MAGNETIC RESONANCE IMAGING (M	58	5,983	25
26 SUCCESS SHARING PROGRAM	W	LABORATORY	60	108,211	26
27 SUCCESS SHARING PROGRAM	W	WHOLE BLOOD & PACKED RED BLOO	62	3,121	27
28 SUCCESS SHARING PROGRAM	W	RESPIRATORY THERAPY	65	34,336	28
29 SUCCESS SHARING PROGRAM	W	PHYSICAL THERAPY	66	55,146	29
30 SUCCESS SHARING PROGRAM	W	OCCUPATIONAL THERAPY	67	10,925	30
31 SUCCESS SHARING PROGRAM	W	SPEECH PATHOLOGY	68	3,902	31
32 SUCCESS SHARING PROGRAM	W	ELECTROCARDIOLOGY	69	45,522	32
33 SUCCESS SHARING PROGRAM	W	GI UNIT	69.01	14,827	33
34 SUCCESS SHARING PROGRAM	W	VASCULAR LAB	69.02	2,081	34
35 SUCCESS SHARING PROGRAM	W	ELECTROENCEPHALOGRAPHY	70	3,121	35
36 SUCCESS SHARING PROGRAM	W	MEDICAL SUPPLIES CHRGED TO PA	71	2,081	36
37 SUCCESS SHARING PROGRAM	W	RENAL TXPLANT LAB	73.01	1,040	37
38 SUCCESS SHARING PROGRAM	W	RENAL DIALYSIS	74	4,942	38
39 SUCCESS SHARING PROGRAM	W	ASC (NON-DISTINCT PART)	75	23,411	39
40 SUCCESS SHARING PROGRAM	W	CARDIAC REHABILITATION	76.97	10,145	40
41 SUCCESS SHARING PROGRAM	W	EMERGENCY	91	87,401	41
42 SUCCESS SHARING PROGRAM	W	KIDNEY ACQUISITION	105	3,121	42
43 SUCCESS SHARING PROGRAM	W	PHYSICIANS' PRIVATE OFFICES	192	8,064	43
44 SUCCESS SHARING PROGRAM	W	AUDIOLOGY	192.10	2,081	44
500 TOTAL RECLASSIFICATIONS				1,643,977	500
CODE LETTER - W					
1 HUMAN RESOURCE SALARY RECLASS	Y	ADMINISTRATIVE & GENERAL	5		57,356 1
2 HUMAN RESOURCE SALARY RECLASS	Y				2
500 TOTAL RECLASSIFICATIONS					57,356 500
CODE LETTER - Y					
GRAND TOTAL (INCREASES)				7,886,393	27,947,825

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LEASE RECLASS	A					1
2 LEASE RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		713,781	10 2
500 TOTAL RECLASSIFICATIONS					713,781	500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B					1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		17,897,790	2
500 TOTAL RECLASSIFICATIONS					17,897,790	500
CODE LETTER - B						
1 INTEREST EXPENSE	C					11 1
2 INTEREST EXPENSE	C					2
3 INTEREST EXPENSE	C	INTEREST EXPENSE	113		6,076,593	3
500 TOTAL RECLASSIFICATIONS					6,076,593	500
CODE LETTER - C						
1 SOCIAL SERVICE RECLASS	D					1
2 SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	5	633,530		2
3 SOCIAL SERVICE NON-SALARY COSTS	D					3
4 SOCIAL SERVICE NON-SALARY COSTS	D	ADMINISTRATIVE & GENERAL	5		384,580	4
500 TOTAL RECLASSIFICATIONS				633,530	384,580	500
CODE LETTER - D						
1 RENAL MEDICAL SUPPLIES	E					1
2 RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	74		240,115	2
500 TOTAL RECLASSIFICATIONS					240,115	500
CODE LETTER - E						
1 CAFE/DIETARY RECLASS	F					1
2 CAFE/DIETARY RECLASS	F	DIETARY	10	2,156,569		2
3 CAFE/DIETARY OTHER COSTS RECLASS	F					3
4 CAFE/DIETARY OTHER COSTS RECLASS	F	DIETARY	10		359,433	4
500 TOTAL RECLASSIFICATIONS				2,156,569	359,433	500
CODE LETTER - F						
1 FMS RECLASS	G					1
2 FMS RECLASS	G					2
3 FMS RECLASS	G	NURSERY	43	2,726,998		3
4 FMS RECLASS OTHER COSTS	G					4
5 FMS RECLASS OTHER COSTS	G					5
6 FMS RECLASS OTHER COSTS	G	NURSERY	43		920,484	6
500 TOTAL RECLASSIFICATIONS				2,726,998	920,484	500
CODE LETTER - G						
1 CONTRACT LABOR	H					1
2 CONTRACT LABOR	H					2
3 CONTRACT LABOR	H					3
4 CONTRACT LABOR	H					4
5 CONTRACT LABOR	H					5
6 CONTRACT LABOR	H					6
7 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5	12,015		7
8 CONTRACT LABOR	H	MEDICAL RECORDS & LIBRARY	16	38,561		8
9 CONTRACT LABOR	H	OPERATING ROOM	50	3,575		9
10 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55	104,615		10
11 CONTRACT LABOR	H	COMPUTED TOMOGRAPHY (CT) SCAN	57	1,958		11
12 CONTRACT LABOR	H	LABORATORY	60	32,980		12
500 TOTAL RECLASSIFICATIONS				193,704		500
CODE LETTER - H						
1 KINETIC BED RECLASS	I					1
2 KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	30		9,629	2
500 TOTAL RECLASSIFICATIONS					9,629	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 BUILDING INSURANCE RECLASS	J					12 1
2 BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	5		246,666	2
500 TOTAL RECLASSIFICATIONS					246,666	500
CODE LETTER - J						
1 OBSERVATION RECLASS	K					1
2 OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	31	2,468		2
3 OBSERVATION RECLASS	K	BURN INTENSIVE CARE UNIT	33	13,426		3
4 OBSERVATION OTHER COST RECLASS	K					4
5 OBSERVATION OTHER COST RECLASS	K	INTENSIVE CARE UNIT	31		680	5
6 OBSERVATION OTHER COST RECLASS	K	BURN INTENSIVE CARE UNIT	33		5,090	6
500 TOTAL RECLASSIFICATIONS				15,894	5,770	500
CODE LETTER - K						
1 SIU PURCHASED SERVICE SUPPORT	N					1
2 SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	5		76,994	2
3 SIU PURCHASED SERVICE SUPPORT	N	ADULTS & PEDIATRICS	30		186,637	3
4 SIU PURCHASED SERVICE SUPPORT	N	INTENSIVE CARE UNIT	31		28,088	4
5 SIU PURCHASED SERVICE SUPPORT	N	SUBPROVIDER - IPF	40		46,656	5
6 SIU PURCHASED SERVICE SUPPORT	N	OPERATING ROOM	50		31,381	6
7 SIU PURCHASED SERVICE SUPPORT	N	PHYSICAL THERAPY	66		5,375	7
8 SIU PURCHASED SERVICE SUPPORT	N	ELECTROCARDIOLOGY	69		48,643	8
9 SIU PURCHASED SERVICE SUPPORT	N	GI UNIT	69.01		15,625	9
10 SIU PURCHASED SERVICE SUPPORT	N	EMERGENCY	91		258,000	10
500 TOTAL RECLASSIFICATIONS					697,399	500
CODE LETTER - N						
1 PANCREAS RECLASS SALARY	P					1
2 PANCREAS RECLASS SALARY	P	KIDNEY ACQUISITION	105	17,665		2
3 PANCREAS RECLASS OTHER COSTS	P					3
4 PANCREAS RECLASS OTHER COSTS	P	KIDNEY ACQUISITION	105		117,222	4
500 TOTAL RECLASSIFICATIONS				17,665	117,222	500
CODE LETTER - P						
1 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	4		682,970	1
2 MANAGEMENT INCENTIVE PROGRAM	Q					2
3 MANAGEMENT INCENTIVE PROGRAM	Q					3
4 MANAGEMENT INCENTIVE PROGRAM	Q					4
5 MANAGEMENT INCENTIVE PROGRAM	Q					5
6 MANAGEMENT INCENTIVE PROGRAM	Q					6
7 MANAGEMENT INCENTIVE PROGRAM	Q					7
8 MANAGEMENT INCENTIVE PROGRAM	Q					8
9 MANAGEMENT INCENTIVE PROGRAM	Q					9
10 MANAGEMENT INCENTIVE PROGRAM	Q					10
11 MANAGEMENT INCENTIVE PROGRAM	Q					11
12 MANAGEMENT INCENTIVE PROGRAM	Q					12
13 MANAGEMENT INCENTIVE PROGRAM	Q					13
14 MANAGEMENT INCENTIVE PROGRAM	Q					14
15 MANAGEMENT INCENTIVE PROGRAM	Q					15
16 MANAGEMENT INCENTIVE PROGRAM	Q					16
17 MANAGEMENT INCENTIVE PROGRAM	Q					17
18 MANAGEMENT INCENTIVE PROGRAM	Q					18
19 MANAGEMENT INCENTIVE PROGRAM	Q					19
20 MANAGEMENT INCENTIVE PROGRAM	Q					20
21 MANAGEMENT INCENTIVE PROGRAM	Q					21
22 MANAGEMENT INCENTIVE PROGRAM	Q					22
23 MANAGEMENT INCENTIVE PROGRAM	Q					23
24 MANAGEMENT INCENTIVE PROGRAM	Q					24
25 MANAGEMENT INCENTIVE PROGRAM	Q					25
26 MANAGEMENT INCENTIVE PROGRAM	Q					26
27 MANAGEMENT INCENTIVE PROGRAM	Q					27
28 MANAGEMENT INCENTIVE PROGRAM	Q					28
29 MANAGEMENT INCENTIVE PROGRAM	Q					29
30 MANAGEMENT INCENTIVE PROGRAM	Q					30
500 TOTAL RECLASSIFICATIONS					682,970	500
CODE LETTER - Q						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.
	1	6	7	8	9	10
1 EMS COORDINATOR RECLASS SALARY	S					1
2 EMS COORDINATOR RECLASS SALARY	S	EMERGENCY	91	8,790		2
3 EMS COORDINATOR RECLASS OTHER COSTS	S					3
4 EMS COORDINATOR RECLASS OTHER COSTS	S	EMERGENCY	91		672	4
500 TOTAL RECLASSIFICATIONS				8,790	672	500
CODE LETTER - S						
1 DEPRECIATION RECLASS	T					1
2 DEPRECIATION RECLASS	T	CAP REL COSTS-BLDG & FIXT	1		26,631	9 2
500 TOTAL RECLASSIFICATIONS					26,631	500
CODE LETTER - T						
1 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	4		1,643,977	1
2 SUCCESS SHARING PROGRAM	W					2
3 SUCCESS SHARING PROGRAM	W					3
4 SUCCESS SHARING PROGRAM	W					4
5 SUCCESS SHARING PROGRAM	W					5
6 SUCCESS SHARING PROGRAM	W					6
7 SUCCESS SHARING PROGRAM	W					7
8 SUCCESS SHARING PROGRAM	W					8
9 SUCCESS SHARING PROGRAM	W					9
10 SUCCESS SHARING PROGRAM	W					10
11 SUCCESS SHARING PROGRAM	W					11
12 SUCCESS SHARING PROGRAM	W					12
13 SUCCESS SHARING PROGRAM	W					13
14 SUCCESS SHARING PROGRAM	W					14
15 SUCCESS SHARING PROGRAM	W					15
16 SUCCESS SHARING PROGRAM	W					16
17 SUCCESS SHARING PROGRAM	W					17
18 SUCCESS SHARING PROGRAM	W					18
19 SUCCESS SHARING PROGRAM	W					19
20 SUCCESS SHARING PROGRAM	W					20
21 SUCCESS SHARING PROGRAM	W					21
22 SUCCESS SHARING PROGRAM	W					22
23 SUCCESS SHARING PROGRAM	W					23
24 SUCCESS SHARING PROGRAM	W					24
25 SUCCESS SHARING PROGRAM	W					25
26 SUCCESS SHARING PROGRAM	W					26
27 SUCCESS SHARING PROGRAM	W					27
28 SUCCESS SHARING PROGRAM	W					28
29 SUCCESS SHARING PROGRAM	W					29
30 SUCCESS SHARING PROGRAM	W					30
31 SUCCESS SHARING PROGRAM	W					31
32 SUCCESS SHARING PROGRAM	W					32
33 SUCCESS SHARING PROGRAM	W					33
34 SUCCESS SHARING PROGRAM	W					34
35 SUCCESS SHARING PROGRAM	W					35
36 SUCCESS SHARING PROGRAM	W					36
37 SUCCESS SHARING PROGRAM	W					37
38 SUCCESS SHARING PROGRAM	W					38
39 SUCCESS SHARING PROGRAM	W					39
40 SUCCESS SHARING PROGRAM	W					40
41 SUCCESS SHARING PROGRAM	W					41
42 SUCCESS SHARING PROGRAM	W					42
43 SUCCESS SHARING PROGRAM	W					43
44 SUCCESS SHARING PROGRAM	W					44
500 TOTAL RECLASSIFICATIONS					1,643,977	500
CODE LETTER - W						
1 HUMAN RESOURCE SALARY RECLASS	Y					1
2 HUMAN RESOURCE SALARY RECLASS	Y	EMPLOYEE BENEFITS	4		57,356	2
500 TOTAL RECLASSIFICATIONS					57,356	500
CODE LETTER - Y						
GRAND TOTAL (DECREASES)				5,753,150	30,081,068	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	12,126,198					12,126,198	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	12,126,198					12,126,198	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	12,126,198					12,126,198	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	12,126,198						12,126,198 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	12,126,198						12,126,198 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	12,126,198		12,126,198	1.000000				1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	12,126,198		12,126,198	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	15,001,159	-713,781	4,711,442	246,666			19,245,486 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL	15,001,159	-713,781	4,711,442	246,666			19,245,486 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-21,000,529			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-5,738,356			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-130,723	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-270,172	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-68,092	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34					34
35					35
36					36
37 CAFETERIA REVENUES	B	-4,236,900	CAFETERIA	11	37
37.01 AUTOPSY REIMBURSEMENT	B	-28,855	LABORATORY	60	37.01
37.02 MISC. INCOME	B	-126,572	EMPLOYEE BENEFITS	4	37.02
37.03 MISC. INCOME	B	-5,054,622	ADMINISTRATIVE & GENERAL	5	37.03
37.04 MISC. INCOME	B	-236,014	MAINTENANCE & REPAIRS	6	37.04
37.05 MISC. INCOME	B	-125,084	HOUSEKEEPING	9	37.05
37.06 MISC. INCOME	B	-3,575	DIETARY	10	37.06
37.07 MISC. INCOME	B	-12,120	NURSING ADMINISTRATION	13	37.07
37.08 MISC. INCOME	B	-5,000	PHARMACY	15	37.08
37.09 MISC. INCOME	B	-377,877	I&R SRVCES-SALARY & FRINGES APP	21	37.09
37.10 MISC. INCOME	B	-17,125	ADULTS & PEDIATRICS	30	37.10
37.11 MISC. INCOME	B	-3,475	NURSERY	43	37.11
37.12 MISC. INCOME	B	-13,613	OPERATING ROOM	50	37.12
37.13 MISC. INCOME	B	-16	ANESTHESIOLOGY	53	37.13
37.14 MISC. INCOME	B	-21,895	RADIOLOGY-DIAGNOSTIC	54	37.14
37.15 MISC. INCOME	B	-391	RADIOLOGY-THERAPEUTIC	55	37.15
37.16 MISC. INCOME	B	-379,689	LABORATORY	60	37.16
37.17 MISC. INCOME	B	-612	RESPIRATORY THERAPY	65	37.17
37.18 MISC. INCOME	B	-197,885	PHYSICAL THERAPY	66	37.18
37.19 MISC. INCOME	B	-31,655	ELECTROCARDIOLOGY	69	37.19
37.20 MISC. INCOME	B	-108,773	MEDICAL SUPPLIES CHRGD TO PATI	71	37.20
37.21 MISC. INCOME	B	-13,095	CARDIAC REHABILITATION	76.97	37.21
37.23 CHILD CARE INCOME	B	-1,118,477	EMPLOYEE BENEFITS	4	37.23
37.24 PROMPT PAY INTEREST PENALTY	B	-2,134,011	ADMINISTRATIVE & GENERAL	5	37.24
38					38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
38.01 RENTAL INCOME	B	-228,812	ADMINISTRATIVE & GENERAL	5	38.01
38.04 CRNA OFFSET	A	-9,725,740	ANESTHESIOLOGY	53	38.04
38.05 CRNA FICA	A	-520,061	ANESTHESIOLOGY	53	38.05
38.06 CRNA BENEFITS	A	-2,050,675	EMPLOYEE BENEFITS	4	38.06
38.07 CRNA GIFT / EMPLOYEE BONUS / MIP	A	-63,262	ANESTHESIOLOGY	53	38.07
38.08 REAL ESTATE TAXES	A	-89,292	ADMINISTRATIVE & GENERAL	5	38.08
38.11 INTEREST EXPENSES	A	-1,318,082	CAP REL COSTS-BLDG & FIXT	1	11 38.11
38.14 BOND SERIES INTEREST INCOME	B	-5,545	CAP REL COSTS-BLDG & FIXT	1	11 38.14
38.15 INVESTMENT MGMT FEES	B	59,600	CAP REL COSTS-BLDG & FIXT	1	11 38.15
38.16 OPERATIONS INVESTMENT INTEREST	B	-29,721	CAP REL COSTS-BLDG & FIXT	1	11 38.16
38.17 WORK COMPENSATION	A	997,973	EMPLOYEE BENEFITS	4	38.17
38.18 AHA LIFE	A	16,213	CAP REL COSTS-BLDG & FIXT	1	9 38.18
38.22 AMBULANCE OFFSET	A	-793	SUBPROVIDER - IPF	40	38.22
38.23 AMBULANCE OFFSET	A	-90,014	EMERGENCY	91	38.23
39 SELF INSURANCE MALPRACTICE	A	-57,801	ADMINISTRATIVE & GENERAL	5	39
40 SELF INSURANCE HEALTH	A	-12,293,159	EMPLOYEE BENEFITS	4	40
41 PENSION COST	A	12,823,164	EMPLOYEE BENEFITS	4	41
42 ADVERTISING EXPENSE	A	-396,350	ADMINISTRATIVE & GENERAL	5	42
43 POST JUDGEMENT INTEREST	B	-37,074	ADMINISTRATIVE & GENERAL	5	43
44 HOSPITAL MUTUAL ASSISTANCE PROGRAM	A	-107,610	ADMINISTRATIVE & GENERAL	5	44
45 VNA OFFSET	A	-189,204	ADMINISTRATIVE & GENERAL	5	45
46 OPERATING RELEASED	B	-23,668	EMPLOYEE BENEFITS	4	46
46.01 OPERATING RELEASED	B	-223,280	ADMINISTRATIVE & GENERAL	5	46.01
46.02 OPERATING RELEASED	B	-31,520	NURSING ADMINISTRATION	13	46.02
46.06 MEDICAL DIRECTOR	A	2,249	ADMINISTRATIVE & GENERAL	5	46.06
46.07 MEDICAL DIRECTOR	A	325	ADULTS & PEDIATRICS	30	46.07
46.08 MEDICAL DIRECTOR	A	50	SUBPROVIDER - IRF	41	46.08
46.09 MEDICAL DIRECTOR	A	49,514	PHYSICAL THERAPY	66	46.09
46.10 MEDICAL DIRECTOR	A	6,230	ELECTROENCEPHALOGRAPHY	70	46.10
46.11 MEDICAL DIRECTOR	A	468	EMERGENCY	91	46.11
46.20 NON-PERSONAL DONATIONS	A	-16,628	ADMINISTRATIVE & GENERAL	5	46.20
46.21 NON-PERSONAL DONATIONS	A	-41,760	ADULTS & PEDIATRICS	30	46.21
46.22 NON-PERSONAL DONATIONS	A	-205	INTENSIVE CARE UNIT	31	46.22
46.23 NON-PERSONAL DONATIONS	A	-845	BURN INTENSIVE CARE UNIT	33	46.23
46.24 NON-PERSONAL DONATIONS	A	-113	SUBPROVIDER - IRF	41	46.24
46.25 NON-PERSONAL DONATIONS	A	-150	OPERATING ROOM	50	46.25
46.26 NON-PERSONAL DONATIONS	A	-7,941	RADIOLOGY-DIAGNOSTIC	54	46.26
46.27 NON-PERSONAL DONATIONS	A	-5,000	LABORATORY	60	46.27
46.28 NON-PERSONAL DONATIONS	A	-2,600	PHYSICAL THERAPY	66	46.28
46.29 NON-PERSONAL DONATIONS	A	-50	ELECTROCARDIOLOGY	69	46.29
46.30 NON-PERSONAL DONATIONS	A	-5,787	KIDNEY ACQUISITION	105	46.30
47 A&G PATIENT REVENUE OFFSET	B	6,637	ADMINISTRATIVE & GENERAL	5	47
48 ILLINOIS PROVIDER ASSESSMENT EXPEN	A	-11,221,457	ADMINISTRATIVE & GENERAL	5	48
49 LOBBYIST FEES	A	-49,038	ADMINISTRATIVE & GENERAL	5	49
49.01 LEGAL FEES	A	-46,873	ADMINISTRATIVE & GENERAL	5	49.01
49.02 PROFESSIONAL FEES	A	-56,648	ADMINISTRATIVE & GENERAL	5	49.02
49.03 PROFESSIONAL FEES	A	-571,101	ADMINISTRATIVE & GENERAL	5	49.03
50 TOTAL (SUM OF LINES 1 THRU 49)		-67,000,639			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	75	ASC (NON-DISTINCT PART)	BAYLIS RENT	374,119		374,119	1
2	6	MAINTENANCE & REPAIRS	KOKE MILL RENT	151,277		151,277	2
3							3
4	60	LABORATORY	BAYLIS RENT	18,810		18,810	4
4.01	54	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	226,763		226,763	4.01
4.02	5	ADMINISTRATIVE & GENERAL	BAYLIS RENT	52,580	1,285,703	-1,233,123	4.02
4.03	54	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	107,809		107,809	4.03
4.04	60	LABORATORY	KOKE MILL RENT	39,950		39,950	4.04
4.05	66	PHYSICAL THERAPY	KOKE MILL RENT	235,522		235,522	4.05
4.06	67	OCCUPATIONAL THERAPY	KOKE MILL RENT	17,756		17,756	4.06
4.07	5	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	8,217	612,596	-604,379	4.07
4.08	5	ADMINISTRATIVE & GENERAL	VNA RENT	97,522	40,194	57,328	4.08
4.11	1	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		81,112	-81,112	9 4.11
4.12	66	PHYSICAL THERAPY	PETERSBURG RENT	21,323		21,323	4.12
4.13	66	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	84,587		84,587	4.13
4.14	6	MAINTENANCE & REPAIRS	BAYLIS RENT	105,639		105,639	4.14
4.15	9	HOUSEKEEPING	BAYLIS RENT	11,819		11,819	4.15
4.16	5	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	25,175,425	26,351,365	-1,175,940	4.16
4.17	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	2,966,491		2,966,491	9 4.17
4.18	5	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		6,966,958	-6,966,958	4.18
4.19	9	HOUSEKEEPING	KOKE MILL RENT	12,113		12,113	4.19
4.20	5	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	592,386	439,158	153,228	4.20
4.21	6	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	71,873		71,873	4.21
4.22	9	HOUSEKEEPING	2401 W JEFFERSON RENT	8,248		8,248	4.22
4.23	16	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	286,714		286,714	4.23
4.24	60	LABORATORY	2401 W JEFFERSON RENT	80,816		80,816	4.24
4.25	76, 97	CARDIAC REHABILITATION	KOKE MILL RENT	30,860		30,860	4.25
4.26	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ALMH		193,646	-193,646	4.26
4.27	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT ALMH		40,002	-40,002	4.27
4.28	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT TMH		177,605	-177,605	4.28
4.29	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT TMH		36,688	-36,688	4.29
4.30	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT VNA		73,600	-73,600	4.30
4.31	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT VNA		15,204	-15,204	4.31
4.32	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ACS		37,744	-37,744	4.32
4.33	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT ACS		7,797	-7,797	4.33
4.34	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MPS		270,470	-270,470	4.34
4.35	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MPS		55,872	-55,872	4.35
4.36	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHCCI		68,052	-68,052	4.36
4.37	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MHCCI		14,058	-14,058	4.37
4.38	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT HCNP		17,417	-17,417	4.38
4.39	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT HCNP		3,982	-3,982	4.39
4.40	60	LABORATORY	S SIXTH RENT	57,022		57,022	4.40
4.41	54	RADIOLOGY-DIAGNOSTIC	S SIXTH RENT	33,901		33,901	4.41
4.42	6	MAINTENANCE & REPAIRS	S SIXTH RENT	11,064		11,064	4.42
4.43	9	HOUSEKEEPING	S SIXTH RENT	2,837		2,837	4.43
4.44	5	ADMINISTRATIVE & GENERAL	S SIXTH RENT	3,310	39,193	-35,883	4.44
4.45	60	LABORATORY	N DIRKSEN RENT	49,435		49,435	4.45
4.46	54	RADIOLOGY-DIAGNOSTIC	N DIRKSEN RENT	18,004		18,004	4.46
4.47	6	MAINTENANCE & REPAIRS	N DIRKSEN RENT	9,671		9,671	4.47
4.48	9	HOUSEKEEPING	N DIRKSEN RENT	1,004		1,004	4.48
4.49	5	ADMINISTRATIVE & GENERAL	N DIRKSEN RENT	2,046	39,805	-37,759	4.49
4.50	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHV		30,423	-30,423	4.50
4.51	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MHV		6,955	-6,955	4.51
4.52	4	EMPLOYEE BENEFITS	2401 W JEFFERSON RENT	69,623		69,623	4.52
4.53	69	ELECTROCARDIOLOGY	2401 W JEFFERSON RENT	27,876		27,876	4.53
4.54	66	PHYSICAL THERAPY	501 N FIRST RENT	60,026	74,459	-14,433	4.54
4.55	50	OPERATING ROOM	501 N FIRST RENT	85,618		85,618	4.55
4.56	6	MAINTENANCE & REPAIRS	501 N FIRST RENT	1,070		1,070	4.56
4.57	9	HOUSEKEEPING	501 N FIRST RENT	1,408		1,408	4.57
4.58	5	ADMINISTRATIVE & GENERAL	501 N FIRST RENT	1,436		1,436	4.58
4.59	57	COMPUTED TOMOGRAPHY (CT) SCAN	BAYLIS RENT	24,343		24,343	4.59
4.60	58	MAGNETIC RESONANCE IMAGING (MRI)	BAYLIS RENT	36,731		36,731	4.60
4.61	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ALMH		7,311	-7,311	4.61
4.62	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT TMH		6,706	-6,706	4.62
4.63	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT VNA		2,779	-2,779	4.63
4.64	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ACS		1,425	-1,425	4.64
4.65	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MPS		10,212	-10,212	4.65
4.66	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHCCI		2,569	-2,569	4.66
4.67	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT HCNP		852	-852	4.67
4.68	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHV		1,488	-1,488	4.68
5		TOTALS (SUM OF LINES 1-4)		31,275,044	37,013,400	-5,738,356	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1) 1	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				6
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
6	B MEMORIAL HEALTH SYSTEM		MEMORIAL HEALTH SYSTEM		HEALTHCARE	6
7	E ABRAHAM LINCOLN MEMORIAL HOSPI		ABRAHAM LINCOLN MEMORIAL HOSPI		HEALTHCARE	7
8	E TAYLORVILLE MEMORIAL HOSPITAL		TAYLORVILLE MEMORIAL HOSPITAL		HEALTHCARE	8
9						9
10						10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	17,804,488	16,364,112	1,440,376	136,700	14,249	936,461	46,823	1
2	30 ADULTS & PEDIATRICS	185,196	15,307	169,889	136,700	985	64,735	3,237	2
3	31 INTENSIVE CARE UNIT	221,072	102,194	118,878	154,100	621	46,008	2,300	3
4	33 BURN INTENSIVE CARE UNIT	80,835	33,020	47,815	154,100	184	13,632	682	4
5	40 SUBPROVIDER - IPF	9,322	1,613	7,709	142,500	69	4,727	236	5
6	41 SUBPROVIDER - IRF	975		975	136,700	10	657	33	6
7	43 NURSERY	101,858	66,766	35,092	136,700	256	16,825	841	7
8	50 OPERATING ROOM	228,739	28,294	200,445	204,100	2,840	278,675	13,934	8
9	53 ANESTHESIOLOGY	20,733	12,476	8,257	200,300	47	4,526	226	9
10	55 RADIOLOGY-THERAPEUTIC								10
11	60 LABORATORY	1,935,654	997,304	938,350	219,500	5,907	623,359	31,168	11
12	65 RESPIRATORY THERAPY	29,302	8,747	20,555	136,700	124	8,149	407	12
13	66 PHYSICAL THERAPY	429,576		429,576	136,700	1,828	120,138	6,007	13
14	69 ELECTROCARDIOLOGY	702,895	635,253	67,642	136,700	315	20,702	1,035	14
15	69.01 GI UNIT	9,713	1,063	8,650	136,700	42	2,760	138	15
16	69.02 VASCULAR LAB	27,383		27,383	136,700	127	8,347	417	16
17	70 ELECTROENCEPHALOGRAPHY	35,342		35,342	136,700	203	13,341	667	17
18	74 RENAL DIALYSIS	29,522	5,330	24,192	136,700	119	7,821	391	18
19	91 EMERGENCY	51,086		51,086	136,700	445	29,246	1,462	19
20	105 KIDNEY ACQUISITION	127,362	2,455	124,907	136,700	604	39,696	1,985	20
21	73.01 RENAL TXPLANT LAB	36,000		36,000	136,700	59	3,877	194	21
22	76.97 CARDIAC REHABILITATION	7,501	669	6,832	136,700	45	2,958	148	22
23	71 MEDICAL SUPPLIES CHRGD	584,532	368,898	215,634	136,700	847	55,666	2,783	23
24	75 ASC (NON-DISTINCT PART)	599,667	191,554	408,113	204,100	348	34,148	1,707	24
200	TOTAL	23,258,753	18,835,055	4,423,698		30,274	2,336,454	116,821	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				936,461	503,915	16,868,027	1
2	30 ADULTS & PEDIATRICS	AGGREGATE				64,735	105,154	120,461	2
3	31 INTENSIVE CARE UNIT	AGGREGATE				46,008	72,870	175,064	3
4	33 BURN INTENSIVE CARE UNIT	AGGREGATE				13,632	34,183	67,203	4
5	40 SUBPROVIDER - IPF	AGGREGATE				4,727	2,982	4,595	5
6	41 SUBPROVIDER - IRF	AGGREGATE				657	318	318	6
7	43 NURSERY	AGGREGATE				16,825	18,267	85,033	7
8	50 OPERATING ROOM	AGGREGATE				278,675		28,294	8
9	53 ANESTHESIOLOGY	AGGREGATE				4,526	3,731	16,207	9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE							10
11	60 LABORATORY	AGGREGATE				623,359	314,991	1,312,295	11
12	65 RESPIRATORY THERAPY	AGGREGATE				8,149	12,406	21,153	12
13	66 PHYSICAL THERAPY	AGGREGATE				120,138	309,438	309,438	13
14	69 ELECTROCARDIOLOGY	AGGREGATE				20,702	46,940	682,193	14
15	69.01 GI UNIT	AGGREGATE				2,760	5,890	6,953	15
16	69.02 VASCULAR LAB	AGGREGATE				8,347	19,036	19,036	16
17	70 ELECTROENCEPHALOGRAPHY	AGGREGATE				13,341	22,001	22,001	17
18	74 RENAL DIALYSIS	AGGREGATE				7,821	16,371	21,701	18
19	91 EMERGENCY	AGGREGATE				29,246	21,840	21,840	19
20	105 KIDNEY ACQUISITION	AGGREGATE				39,696	85,211	87,666	20
21	73.01 RENAL TXPLANT LAB	AGGREGATE				3,877	32,123	32,123	21
22	76.97 CARDIAC REHABILITATION	AGGREGATE				2,958	3,874	4,543	22
23	71 MEDICAL SUPPLIES CHRGD	AGGREGATE				55,666	159,968	528,866	23
24	75 ASC (NON-DISTINCT PART)	AGGREGATE				34,148	373,965	565,519	24
200	TOTAL					2,336,454	2,165,474	21,000,529	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	19,245,486	19,245,486				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	38,018,929	227,309	38,246,238			4
5 ADMINISTRATIVE & GENERAL	65,810,244	2,844,048	4,528,626	73,182,918	73,182,918	5
6 MAINTENANCE & REPAIRS	17,469,468	2,235,842	1,009,583	20,714,893	4,138,670	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	2,039,272	174,202	39,971	2,253,445	450,220	8
9 HOUSEKEEPING	5,423,599	243,171	772,746	6,439,516	1,286,564	9
10 DIETARY	1,821,989	136,935	245,947	2,204,871	440,516	10
11 CAFETERIA	1,201,239	398,180	672,055	2,271,474	453,822	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,532,262	97,944	538,981	3,169,187	633,178	13
14 CENTRAL SERVICES & SUPPLY	2,657,906	373,421	390,745	3,422,072	683,703	14
15 PHARMACY	7,415,712	156,291	1,359,295	8,931,298	1,784,402	15
16 MEDICAL RECORDS & LIBRARY	5,587,992	285,912	768,471	6,642,375	1,327,093	16
17 SOCIAL SERVICE	1,018,110		149,865	1,167,975	233,352	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	6,275,514	134,769	1,188,513	7,598,796	1,518,179	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,362,486			1,362,486	272,214	22
23 PARAMED ED PRGM-(SPECIFY) 9,462			2,079	11,541	2,306	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	35,898,363	3,524,107	6,853,087	46,275,557	9,245,594	30
31 INTENSIVE CARE UNIT	8,696,589	748,798	1,655,175	11,100,562	2,217,803	31
33 BURN INTENSIVE CARE UNIT	1,668,414	170,592	298,617	2,137,623	427,080	33
40 SUBPROVIDER - IPF	4,300,418	592,274	899,983	5,792,675	1,157,330	40
41 SUBPROVIDER - IRF	1,554,352	179,187	316,435	2,049,974	409,568	41
43 NURSERY	1,039,127	45,420	201,855	1,286,402	257,013	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,436,812	1,120,239	2,896,578	23,453,629	4,685,847	50
52 DELIVERY ROOM & LABOR ROOM	2,406,088	45,676	425,537	2,877,301	574,862	52
53 ANESTHESIOLOGY	3,534,594	124,474	257,379	3,916,447	782,475	53
54 RADIOLOGY-DIAGNOSTIC	18,367,992	830,647	1,834,299	21,032,938	4,202,213	54
55 RADIOLOGY-THERAPEUTIC	3,824,932	314,282	380,084	4,519,298	902,920	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,554,751	79,287	260,119	3,894,157	778,021	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,382,301	97,105	144,647	2,624,053	524,265	58
60 LABORATORY	25,607,854	1,152,685	2,364,353	29,124,892	5,818,920	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,007,613	3,238	97,654	5,108,505	1,020,638	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,194,079	219,645	812,361	6,226,085	1,243,922	65
66 PHYSICAL THERAPY	8,179,763	296,370	1,641,474	10,117,607	2,021,417	66
67 OCCUPATIONAL THERAPY	1,559,753	121,562	331,835	2,013,150	402,211	67
68 SPEECH PATHOLOGY	584,911	28,952	125,714	739,577	147,762	68
69 ELECTROCARDIOLOGY	22,621,901	375,890	1,257,157	24,254,948	4,845,945	69
69.01 GI UNIT	3,285,063	160,367	338,321	3,783,751	755,963	69.01
69.02 VASCULAR LAB	539,627	23,944	83,850	647,421	129,350	69.02
70 ELECTROENCEPHALOGRAPHY	443,186	33,145	80,911	557,242	111,332	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	38,666,083	22,593	101,214	38,789,890	7,749,910	71
73 DRUGS CHARGED TO PATIENTS	17,897,790			17,897,790	3,575,835	73
73.01 RENAL TXPLANT LAB	525,941	23,525	34,205	583,671	116,613	73.01
74 RENAL DIALYSIS	1,189,400	124,753	235,506	1,549,659	309,609	74
75 ASC (NON-DISTINCT PART)	6,297,663		487,730	6,785,393	1,355,667	75
76.97 CARDIAC REHABILITATION	1,254,812	2,469	259,821	1,517,102	303,105	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	11,046,030	504,300	1,684,035	13,234,365	2,644,120	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,503,657	15,885	65,515	1,585,057	316,682	105
109 PANCREAS ACQUISITION	134,887	1,025	4,179	140,091	27,989	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	436,094,416	18,290,460	38,096,507	434,989,659	72,286,200	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	314,199	29,511	11,194	354,904	70,907	190
192 PHYSICIANS' PRIVATE OFFICES	102,768	293,761	13,480	410,009	81,917	192
192.01 SIU SCHOOL OF MEDICINE	1,411,180			1,411,180	281,942	192.01
192.03 UNIVERSITY BUILDING (MHCCI)	191,799	48,541	12,089	252,429	50,433	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		510,099	17,851	527,950	105,480	192.05
192.06 VNA OF CENTRAL IL			22,102	22,102	4,416	192.06

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
192.07 GAMBRO						192.07
192.08 FOUNDATION		49,449	4,910	54,359	10,860	192.08
192.09 SIU MAP PROGRAM	775,687		15,664	791,351	158,106	192.09
192.10 AUDIOLOGY	587,871	23,665	52,441	663,977	132,657	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	439,477,920	19,245,486	38,246,238	439,477,920	73,182,918	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	24,853,563					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	262,692	2,966,357				8
9 HOUSEKEEPING	384,923		8,111,003			9
10 DIETARY	206,494		65,537	2,917,418		10
11 CAFETERIA	600,444		190,570		3,516,310	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	147,696		46,876		42,180	13
14 CENTRAL SERVICES & SUPPLY	563,107	130,302	178,720		77,871	14
15 PHARMACY	235,682	4,061	74,801		102,558	15
16 MEDICAL RECORDS & LIBRARY	431,146		136,838		110,458	16
17 SOCIAL SERVICE					15,532	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	203,227	9,328	64,501		178,044	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					212	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,314,255	1,190,349	1,686,647	1,951,383	815,299	30
31 INTENSIVE CARE UNIT	1,129,165	181,368	358,376	150,584	172,599	31
33 BURN INTENSIVE CARE UNIT	257,248	46,227	81,646	44,768	32,108	33
40 SUBPROVIDER - IPF	893,132	70,701	283,464	331,990	105,661	40
41 SUBPROVIDER - IRF	270,209	64,999	85,759	144,514	41,192	41
43 NURSERY	68,492	31,344	21,738	90,872	19,341	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,689,286	269,186	536,149	2,560	275,933	50
52 DELIVERY ROOM & LABOR ROOM	68,878	69,377	21,861		42,801	52
53 ANESTHESIOLOGY	187,702	15,903	59,573		14,530	53
54 RADIOLOGY-DIAGNOSTIC	1,602,354	126,481	508,558	47	211,323	54
55 RADIOLOGY-THERAPEUTIC	473,927	19,736	150,416	298	25,816	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	157,109	29,716	49,864		31,035	57
58 MAGNETIC RESONANCE IMAGING (MRI)	203,087	9,259	64,456		17,493	58
60 LABORATORY	1,767,226	2,111	560,886	8,669	303,865	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,882	2,621	1,550		10,016	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	331,219	5,704	105,123		85,065	65
66 PHYSICAL THERAPY	446,917	35,080	141,843	259	155,177	66
67 OCCUPATIONAL THERAPY	183,312	4,519	58,180		25,110	67
68 SPEECH PATHOLOGY	43,659		13,857		10,016	68
69 ELECTROCARDIOLOGY	566,830	62,523	179,902	440	128,092	69
69.01 GI UNIT	241,828	40,241	76,752	188	37,101	69.01
69.02 VASCULAR LAB	36,107		11,460		6,630	69.02
70 ELECTROENCEPHALOGRAPHY	49,981	8,689	15,863		8,746	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,070		10,813		8,464	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	35,475		11,259		3,386	73.01
74 RENAL DIALYSIS	188,124	16,718	59,707	3,118	20,173	74
75 ASC (NON-DISTINCT PART)	577,051	82,092	183,146	628	51,632	75
76.97 CARDIAC REHABILITATION	3,723		1,182		23,700	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	760,469	305,829	241,359	24,823	178,524	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	23,955		7,603		6,235	105
109 PANCREAS ACQUISITION	1,545		490		395	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	20,646,628	2,834,464	6,347,325	2,755,141	3,394,313	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,502	5,884	14,124		1,834	190
192 PHYSICIANS' PRIVATE OFFICES	442,983	23,033	140,595	2,152	141	192
192.01 SIU SCHOOL OF MEDICINE	2,013,726	21,265	639,120			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	73,198	81,711	23,232			192.03
192.04 MEALS ON WHEELS				160,125		192.04
192.05 ACS HOME CARE	407,684		244,135		52,746	192.05
192.06 VNA OF CENTRAL IL	207,618		124,330		51,081	192.06
192.07 GAMBRO	347,235		207,949			192.07
192.08 FOUNDATION	74,568		23,667		6,884	192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
192.09 SIU MAP PROGRAM	559,735		335,200		3,950	192.09
192.10 AUDIOLOGY	35,686		11,326		5,361	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	24,853,563	2,966,357	8,111,003	2,917,418	3,516,310	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,039,117					13
14 CENTRAL SERVICES & SUPPLY		5,055,775				14
15 PHARMACY		8,665	11,141,467			15
16 MEDICAL RECORDS & LIBRARY				8,647,911		16
17 SOCIAL SERVICE					1,416,859	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,768,327	156,599	100,916	5,420,513	977,504	30
31 INTENSIVE CARE UNIT	374,355	54,605	24,033	652,052	22,084	31
33 BURN INTENSIVE CARE UNIT	69,639	13,895	3,259	148,744	30,511	33
40 SUBPROVIDER - IPF	229,172	4,126	1,059	648,593	173,766	40
41 SUBPROVIDER - IRF	89,343	4,982	909	304,406	25,135	41
43 NURSERY	41,949	6,345	1,083	55,347		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	598,478	48,017	10,409	119,341		50
52 DELIVERY ROOM & LABOR ROOM	92,831	14,045	2,396		5,666	52
53 ANESTHESIOLOGY	31,515	88,362	42,582	70,048		53
54 RADIOLOGY-DIAGNOSTIC		252,449	17,650	148,744		54
55 RADIOLOGY-THERAPEUTIC	55,993	13,668	261	74,372	7,410	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		26,229	13,562	167,769		57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,121	1,883	57,941		58
60 LABORATORY		553,977	7,984	186,795		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		23,189	2	9,513		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	184,500	31,742	10,210	21,620		65
66 PHYSICAL THERAPY		3,934	111	40,645	5,085	66
67 OCCUPATIONAL THERAPY		2,069	30	3,459		67
68 SPEECH PATHOLOGY		740	2			68
69 ELECTROCARDIOLOGY	277,821	939,932	35,542	169,499		69
69.01 GI UNIT	80,470	56,524	5,645	35,456	162,724	69.01
69.02 VASCULAR LAB	14,381	298		6,054		69.02
70 ELECTROENCEPHALOGRAPHY		2,774	6	2,594		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,358	2,456,027	525	52,752		71
73 DRUGS CHARGED TO PATIENTS			10,828,267			73
73.01 RENAL TXPLANT LAB		19,313	5			73.01
74 RENAL DIALYSIS			2,476			74
75 ASC (NON-DISTINCT PART)	111,985	180,191	5,101	82,155		75
76.97 CARDIAC REHABILITATION		551	44	3,459		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		69,351	25,514	166,040	6,974	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,039,117	5,035,721	11,141,466	8,647,911	1,416,859	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		36				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRO						192.07
192.08 FOUNDATION						192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		20,018	1			192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,039,117	5,055,775	11,141,467	8,647,911	1,416,859	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	9,572,075					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		1,634,700				22
23 PARAMED ED PRGM-(SPECIFY)			14,059			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,924,552	670,226		79,497,721	-4,594,778	30
31 INTENSIVE CARE UNIT				16,437,586		31
33 BURN INTENSIVE CARE UNIT				3,292,748		33
40 SUBPROVIDER - IPF	924,662	157,912		10,774,243	-1,082,574	40
41 SUBPROVIDER - IRF				3,490,990		41
43 NURSERY				1,879,926		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,694,257	289,342		33,672,434	-1,983,599	50
52 DELIVERY ROOM & LABOR ROOM				3,770,018		52
53 ANESTHESIOLOGY				5,209,137		53
54 RADIOLOGY-DIAGNOSTIC	402,984	68,821		28,574,562	-471,805	54
55 RADIOLOGY-THERAPEUTIC				6,244,115		55
57 COMPUTED TOMOGRAPHY (CT) SCAN				5,147,462		57
58 MAGNETIC RESONANCE IMAGING (MRI)				3,505,558		58
60 LABORATORY				38,335,325		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				6,180,916		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	115,822	19,780		8,380,792	-135,602	65
66 PHYSICAL THERAPY				12,968,075		66
67 OCCUPATIONAL THERAPY				2,692,040		67
68 SPEECH PATHOLOGY				955,613		68
69 ELECTROCARDIOLOGY				31,461,474		69
69.01 GI UNIT				5,276,643		69.01
69.02 VASCULAR LAB				851,701		69.02
70 ELECTROENCEPHALOGRAPHY				757,227		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				49,120,809		71
73 DRUGS CHARGED TO PATIENTS				32,301,892		73
73.01 RENAL TXPLANT LAB				769,722		73.01
74 RENAL DIALYSIS				2,149,584	-27,304	74
75 ASC (NON-DISTINCT PART)				9,415,041		75
76.97 CARDIAC REHABILITATION				1,852,866		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	538,908	92,034	14,059	18,302,369	-630,942	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION				1,939,532		105
109 PANCREAS ACQUISITION				170,510		109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	7,601,185	1,298,115	14,059	425,378,631	-8,926,604	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				492,155		190
192 PHYSICIANS' PRIVATE OFFICES				1,100,866		192
192.01 SIU SCHOOL OF MEDICINE				4,367,233		192.01
192.03 UNIVERSITY BUILDING (MHCCI)				481,003		192.03
192.04 MEALS ON WHEELS				160,125		192.04
192.05 ACS HOME CARE				1,337,995		192.05
192.06 VNA OF CENTRAL IL				409,547		192.06
192.07 GAMBRO				555,184		192.07
192.08 FOUNDATION				170,338		192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
192.09 SIU MAP PROGRAM	1,970,890	336,585		4,155,817	-2,307,475	192.09
192.10 AUDIOLOGY				869,026		192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,572,075	1,634,700	14,059	439,477,920	-11,234,079	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	74,902,943	30
31	INTENSIVE CARE UNIT	16,437,586	31
33	BURN INTENSIVE CARE UNIT	3,292,748	33
40	SUBPROVIDER - IPF	9,691,669	40
41	SUBPROVIDER - IRF	3,490,990	41
43	NURSERY	1,879,926	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	31,688,835	50
52	DELIVERY ROOM & LABOR ROOM	3,770,018	52
53	ANESTHESIOLOGY	5,209,137	53
54	RADIOLOGY-DIAGNOSTIC	28,102,757	54
55	RADIOLOGY-THERAPEUTIC	6,244,115	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	5,147,462	57
58	MAGNETIC RESONANCE IMAGING (MRI)	3,505,558	58
60	LABORATORY	38,335,325	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,180,916	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	8,245,190	65
66	PHYSICAL THERAPY	12,968,075	66
67	OCCUPATIONAL THERAPY	2,692,040	67
68	SPEECH PATHOLOGY	955,613	68
69	ELECTROCARDIOLOGY	31,461,474	69
69.01	GI UNIT	5,276,643	69.01
69.02	VASCULAR LAB	851,701	69.02
70	ELECTROENCEPHALOGRAPHY	757,227	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	49,120,809	71
73	DRUGS CHARGED TO PATIENTS	32,301,892	73
73.01	RENAL TXPLANT LAB	769,722	73.01
74	RENAL DIALYSIS	2,122,280	74
75	ASC (NON-DISTINCT PART)	9,415,041	75
76.97	CARDIAC REHABILITATION	1,852,866	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	17,671,427	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	1,939,532	105
109	PANCREAS ACQUISITION	170,510	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	416,452,027	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	492,155	190
192	PHYSICIANS' PRIVATE OFFICES	1,100,866	192
192.01	SIU SCHOOL OF MEDICINE	4,367,233	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	481,003	192.03
192.04	MEALS ON WHEELS	160,125	192.04
192.05	ACS HOME CARE	1,337,995	192.05
192.06	VNA OF CENTRAL IL	409,547	192.06
192.07	GAMBRO	555,184	192.07
192.08	FOUNDATION	170,338	192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
192.09 SIU MAP PROGRAM	1,848,342	192.09
192.10 AUDIOLOGY	869,026	192.10
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	428,243,841	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	41,587	227,309	268,896	268,896		4
5 ADMINISTRATIVE & GENERAL	2,657,670	2,844,048	5,501,718	31,836	5,533,554	5
6 MAINTENANCE & REPAIRS	579,116	2,235,842	2,814,958	7,097	312,940	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	-41,149	174,202	133,053	281	34,043	8
9 HOUSEKEEPING	26,573	243,171	269,744	5,432	97,282	9
10 DIETARY	12,356	136,935	149,291	1,729	33,309	10
11 CAFETERIA	35,930	398,180	434,110	4,725	34,315	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	351,580	97,944	449,524	3,789	47,877	13
14 CENTRAL SERVICES & SUPPLY	329,037	373,421	702,458	2,747	51,697	14
15 PHARMACY	702,368	156,291	858,659	9,556	134,925	15
16 MEDICAL RECORDS & LIBRARY	150,485	285,912	436,397	5,402	100,346	16
17 SOCIAL SERVICE				1,054	17,645	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		134,769	134,769	8,355	114,795	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					20,583	22
23 PARAMED ED PRGM-(SPECIFY)				15	174	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,584,363	3,524,107	5,108,470	48,198	699,018	30
31 INTENSIVE CARE UNIT	210,491	748,798	959,289	11,636	167,696	31
33 BURN INTENSIVE CARE UNIT	53,874	170,592	224,466	2,099	32,293	33
40 SUBPROVIDER - IPF	26,348	592,274	618,622	6,327	87,510	40
41 SUBPROVIDER - IRF	8,184	179,187	187,371	2,225	30,969	41
43 NURSERY	28,610	45,420	74,030	1,419	19,434	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,770,735	1,120,239	3,890,974	20,363	354,314	50
52 DELIVERY ROOM & LABOR ROOM	51,524	45,676	97,200	2,992	43,467	52
53 ANESTHESIOLOGY	549,092	124,474	673,566	1,809	59,166	53
54 RADIOLOGY-DIAGNOSTIC	3,468,330	830,647	4,298,977	12,895	317,745	54
55 RADIOLOGY-THERAPEUTIC	1,210,158	314,282	1,524,440	2,672	68,273	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,011,367	79,287	1,090,654	1,829	58,829	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,067,998	97,105	1,165,103	1,017	39,642	58
60 LABORATORY	1,409,248	1,152,685	2,561,933	16,622	439,990	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	26,749	3,238	29,987	687	77,174	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	224,687	219,645	444,332	5,711	94,057	65
66 PHYSICAL THERAPY	325,840	296,370	622,210	11,540	152,847	66
67 OCCUPATIONAL THERAPY	6,557	121,562	128,119	2,333	30,413	67
68 SPEECH PATHOLOGY	3,046	28,952	31,998	884	11,173	68
69 ELECTROCARDIOLOGY	1,449,858	375,890	1,825,748	8,838	366,419	69
69.01 GI UNIT	550,741	160,367	711,108	2,378	57,161	69.01
69.02 VASCULAR LAB	117,706	23,944	141,650	589	9,781	69.02
70 ELECTROENCEPHALOGRAPHY	38,482	33,145	71,627	569	8,418	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	12,887	22,593	35,480	712	585,999	71
73 DRUGS CHARGED TO PATIENTS					270,382	73
73.01 RENAL TXPLANT LAB	14,214	23,525	37,739	240	8,818	73.01
74 RENAL DIALYSIS	91,960	124,753	216,713	1,656	23,411	74
75 ASC (NON-DISTINCT PART)	814,313		814,313	3,429	102,507	75
76.97 CARDIAC REHABILITATION	36,582	2,469	39,051	1,827	22,919	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	191,093	504,300	695,393	11,839	199,932	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	6,367	15,885	22,252	461	23,945	105
109 PANCREAS ACQUISITION		1,025	1,025	29	2,116	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	22,206,957	18,290,460	40,497,417	267,843	5,465,749	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,511	29,511	79	5,362	190
192 PHYSICIANS' PRIVATE OFFICES		293,761	293,761	95	6,194	192
192.01 SIU SCHOOL OF MEDICINE					21,319	192.01
192.03 UNIVERSITY BUILDING (MHCCI)		48,541	48,541	85	3,813	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		510,099	510,099	125	7,976	192.05
192.06 VNA OF CENTRAL IL				155	334	192.06
192.07 GAMBRO						192.07
192.08 FOUNDATION		49,449	49,449	35	821	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	
192.09 SIU MAP PROGRAM				110	11,955	192.09
192.10 AUDIOLOGY	9,218	23,665	32,883	369	10,031	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	22,216,175	19,245,486	41,461,661	268,896	5,533,554	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	3,134,995					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	33,136	200,513				8
9 HOUSEKEEPING	48,554		421,012			9
10 DIETARY	26,047		3,402	213,778		10
11 CAFETERIA	75,739		9,892		558,781	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,630		2,433		6,703	13
14 CENTRAL SERVICES & SUPPLY	71,030	8,808	9,277		12,375	14
15 PHARMACY	29,729	274	3,883		16,298	15
16 MEDICAL RECORDS & LIBRARY	54,384		7,103		17,553	16
17 SOCIAL SERVICE					2,468	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	25,635	631	3,348		28,293	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					34	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	670,329	80,462	87,549	142,992	129,559	30
31 INTENSIVE CARE UNIT	142,431	12,260	18,602	11,034	27,428	31
33 BURN INTENSIVE CARE UNIT	32,449	3,125	4,238	3,280	5,102	33
40 SUBPROVIDER - IPF	112,658	4,779	14,714	24,327	16,791	40
41 SUBPROVIDER - IRF	34,084	4,394	4,451	10,589	6,546	41
43 NURSERY	8,639	2,119	1,128	6,659	3,073	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	213,084	18,196	27,829	188	43,849	50
52 DELIVERY ROOM & LABOR ROOM	8,688	4,690	1,135		6,801	52
53 ANESTHESIOLOGY	23,677	1,075	3,092		2,309	53
54 RADIOLOGY-DIAGNOSTIC	202,119	8,549	26,397	3	33,582	54
55 RADIOLOGY-THERAPEUTIC	59,781	1,334	7,808	22	4,102	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	19,818	2,009	2,588		4,932	57
58 MAGNETIC RESONANCE IMAGING (MRI)	25,617	626	3,346		2,780	58
60 LABORATORY	222,916	143	29,113	635	48,288	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	616	177	80		1,592	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	41,779	386	5,457		13,518	65
66 PHYSICAL THERAPY	56,374	2,371	7,363	19	24,659	66
67 OCCUPATIONAL THERAPY	23,123	305	3,020		3,990	67
68 SPEECH PATHOLOGY	5,507		719		1,592	68
69 ELECTROCARDIOLOGY	71,499	4,226	9,338	32	20,355	69
69.01 GI UNIT	30,504	2,720	3,984	14	5,896	69.01
69.02 VASCULAR LAB	4,555		595		1,054	69.02
70 ELECTROENCEPHALOGRAPHY	6,305	587	823		1,390	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,298		561		1,345	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	4,475		584		538	73.01
74 RENAL DIALYSIS	23,730	1,130	3,099	228	3,206	74
75 ASC (NON-DISTINCT PART)	72,788	5,549	9,506	46	8,205	75
76.97 CARDIAC REHABILITATION	470		61		3,766	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	95,924	20,673	12,528	1,819	28,369	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,022		395		991	105
109 PANCREAS ACQUISITION	195		25		63	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,604,338	191,598	329,466	201,887	539,395	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,613	398	733		291	190
192 PHYSICIANS' PRIVATE OFFICES	55,877	1,557	7,298	158	22	192
192.01 SIU SCHOOL OF MEDICINE	254,009	1,437	33,174			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	9,233	5,523	1,206			192.03
192.04 MEALS ON WHEELS				11,733		192.04
192.05 ACS HOME CARE	51,425		12,672		8,382	192.05
192.06 VNA OF CENTRAL IL	26,189		6,454		8,117	192.06
192.07 GAMBRO	43,800		10,794			192.07
192.08 FOUNDATION	9,406		1,228		1,094	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	MAIN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	TENANCE & REPAIRS 6	& LINEN SERVICE 8	KEEPING 9	10	11	
192.09 SIU MAP PROGRAM	70,604		17,399		628	192.09
192.10 AUDIOLOGY	4,501		588		852	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,134,995	200,513	421,012	213,778	558,781	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	528,956					13
14 CENTRAL SERVICES & SUPPLY		858,392				14
15 PHARMACY		1,471	1,054,795			15
16 MEDICAL RECORDS & LIBRARY				621,185		16
17 SOCIAL SERVICE					21,167	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	231,577	26,588	9,554	389,360	14,602	30
31 INTENSIVE CARE UNIT	49,025	9,271	2,275	46,837	330	31
33 BURN INTENSIVE CARE UNIT	9,120	2,359	308	10,684	456	33
40 SUBPROVIDER - IPF	30,012	701	100	46,589	2,596	40
41 SUBPROVIDER - IRF	11,700	846	86	21,866	376	41
43 NURSERY	5,494	1,077	103	3,976		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,376	8,152	985	8,572		50
52 DELIVERY ROOM & LABOR ROOM	12,157	2,385	227		85	52
53 ANESTHESIOLOGY	4,127	15,002	4,031	5,032		53
54 RADIOLOGY-DIAGNOSTIC		42,861	1,671	10,684		54
55 RADIOLOGY-THERAPEUTIC	7,333	2,321	25	5,342	111	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,453	1,284	12,051		57
58 MAGNETIC RESONANCE IMAGING (MRI)		530	178	4,162		58
60 LABORATORY		94,055	756	13,418		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,937		683		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	24,162	5,389	967	1,553		65
66 PHYSICAL THERAPY		668	10	2,920	76	66
67 OCCUPATIONAL THERAPY		351	3	248		67
68 SPEECH PATHOLOGY		126				68
69 ELECTROCARDIOLOGY	36,383	159,584	3,365	12,175		69
69.01 GI UNIT	10,538	9,597	534	2,547	2,431	69.01
69.02 VASCULAR LAB	1,883	51		435		69.02
70 ELECTROENCEPHALOGRAPHY		471	1	186		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,404	417,000	50	3,789		71
73 DRUGS CHARGED TO PATIENTS			1,025,146			73
73.01 RENAL TXPLANT LAB		3,279				73.01
74 RENAL DIALYSIS			234			74
75 ASC (NON-DISTINCT PART)	14,665	30,593	483	5,901		75
76.97 CARDIAC REHABILITATION		94	4	248		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		11,775	2,415	11,927	104	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	528,956	854,987	1,054,795	621,185	21,167	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		6				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRO						192.07
192.08 FOUNDATION						192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		3,399				192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	528,956	858,392	1,054,795	621,185	21,167	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	315,826				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		20,583			22
23 PARAMED ED PRGM-(SPECIFY)			223		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				7,638,258	30
31 INTENSIVE CARE UNIT				1,458,114	31
33 BURN INTENSIVE CARE UNIT				329,979	33
40 SUBPROVIDER - IPF				965,726	40
41 SUBPROVIDER - IRF				315,503	41
43 NURSERY				127,151	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				4,664,882	50
52 DELIVERY ROOM & LABOR ROOM				179,827	52
53 ANESTHESIOLOGY				792,886	53
54 RADIOLOGY-DIAGNOSTIC				4,955,483	54
55 RADIOLOGY-THERAPEUTIC				1,683,564	55
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,198,447	57
58 MAGNETIC RESONANCE IMAGING (MRI)				1,243,001	58
60 LABORATORY				3,427,869	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				114,933	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				637,311	65
66 PHYSICAL THERAPY				881,057	66
67 OCCUPATIONAL THERAPY				191,905	67
68 SPEECH PATHOLOGY				51,999	68
69 ELECTROCARDIOLOGY				2,517,962	69
69.01 GI UNIT				839,412	69.01
69.02 VASCULAR LAB				160,593	69.02
70 ELECTROENCEPHALOGRAPHY				90,377	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,051,638	71
73 DRUGS CHARGED TO PATIENTS				1,295,528	73
73.01 RENAL TXPLANT LAB				55,673	73.01
74 RENAL DIALYSIS				273,407	74
75 ASC (NON-DISTINCT PART)				1,067,985	75
76.97 CARDIAC REHABILITATION				68,440	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY				1,092,698	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION				51,066	105
109 PANCREAS ACQUISITION				3,453	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)				39,426,127	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				41,987	190
192 PHYSICIANS' PRIVATE OFFICES				364,968	192
192.01 SIU SCHOOL OF MEDICINE				309,939	192.01
192.03 UNIVERSITY BUILDING (MHCCI)				68,401	192.03
192.04 MEALS ON WHEELS				11,733	192.04
192.05 ACS HOME CARE				590,679	192.05
192.06 VNA OF CENTRAL IL				41,249	192.06
192.07 GAMBRO				54,594	192.07
192.08 FOUNDATION				62,033	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
192.09 SIU MAP PROGRAM				100,696	192.09
192.10 AUDIOLOGY				52,623	192.10
200 CROSS FOOT ADJUSTMENTS	315,826	20,583	223	336,632	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	315,826	20,583	223	41,461,661	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	7,638,258	30
31	INTENSIVE CARE UNIT	1,458,114	31
33	BURN INTENSIVE CARE UNIT	329,979	33
40	SUBPROVIDER - IPF	965,726	40
41	SUBPROVIDER - IRF	315,503	41
43	NURSERY	127,151	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	4,664,882	50
52	DELIVERY ROOM & LABOR ROOM	179,827	52
53	ANESTHESIOLOGY	792,886	53
54	RADIOLOGY-DIAGNOSTIC	4,955,483	54
55	RADIOLOGY-THERAPEUTIC	1,683,564	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,243,001	58
60	LABORATORY	3,427,869	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	114,933	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	637,311	65
66	PHYSICAL THERAPY	881,057	66
67	OCCUPATIONAL THERAPY	191,905	67
68	SPEECH PATHOLOGY	51,999	68
69	ELECTROCARDIOLOGY	2,517,962	69
69.01	GI UNIT	839,412	69.01
69.02	VASCULAR LAB	160,593	69.02
70	ELECTROENCEPHALOGRAPHY	90,377	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,051,638	71
73	DRUGS CHARGED TO PATIENTS	1,295,528	73
73.01	RENAL TXPLANT LAB	55,673	73.01
74	RENAL DIALYSIS	273,407	74
75	ASC (NON-DISTINCT PART)	1,067,985	75
76.97	CARDIAC REHABILITATION	68,440	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	1,092,698	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	51,066	105
109	PANCREAS ACQUISITION	3,453	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	39,426,127	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,987	190
192	PHYSICIANS' PRIVATE OFFICES	364,968	192
192.01	SIU SCHOOL OF MEDICINE	309,939	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	68,401	192.03
192.04	MEALS ON WHEELS	11,733	192.04
192.05	ACS HOME CARE	590,679	192.05
192.06	VNA OF CENTRAL IL	41,249	192.06
192.07	GAMBRO	54,594	192.07
192.08	FOUNDATION	62,033	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192.09 SIU MAP PROGRAM	100,696	192.09
192.10 AUDIOLOGY	52,623	192.10
200 CROSS FOOT ADJUSTMENTS	336,632	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	41,461,661	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION  5A	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	1	4	5A	5	6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	826,263					1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	9,759	161,679,602				4
5 ADMINISTRATIVE & GENERAL	122,103	19,143,992	-73,182,918	366,295,002		5
6 MAINTENANCE & REPAIRS	95,991	4,267,840		20,714,893	707,596	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	7,479	168,969		2,253,445	7,479	8
9 HOUSEKEEPING	10,440	3,266,653		6,439,516	10,959	9
10 DIETARY	5,879	1,039,699		2,204,871	5,879	10
11 CAFETERIA	17,095	2,840,997		2,271,474	17,095	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,205	2,278,450		3,169,187	4,205	13
14 CENTRAL SERVICES & SUPPLY	16,032	1,651,809		3,422,072	16,032	14
15 PHARMACY	6,710	5,746,185		8,931,298	6,710	15
16 MEDICAL RECORDS & LIBRARY	12,275	3,248,578		6,642,375	12,275	16
17 SOCIAL SERVICE		633,530		1,167,975		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,786	5,024,237		7,598,796	5,786	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				1,362,486		22
23 PARAMED ED PRGM-(SPECIFY)		8,790		11,541		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	151,300	28,970,427		46,275,557	151,300	30
31 INTENSIVE CARE UNIT	32,148	6,996,970		11,100,562	32,148	31
33 BURN INTENSIVE CARE UNIT	7,324	1,262,351		2,137,623	7,324	33
40 SUBPROVIDER - IPF	25,428	3,804,525		5,792,675	25,428	40
41 SUBPROVIDER - IRF	7,693	1,337,676		2,049,974	7,693	41
43 NURSERY	1,950	853,306		1,286,402	1,950	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	48,095	12,244,788		23,453,629	48,095	50
52 DELIVERY ROOM & LABOR ROOM	1,961	1,798,884		2,877,301	1,961	52
53 ANESTHESIOLOGY	5,344	1,088,025		3,916,447	5,344	53
54 RADIOLOGY-DIAGNOSTIC	35,662	7,754,187		21,032,938	45,620	54
55 RADIOLOGY-THERAPEUTIC	13,493	1,606,742		4,519,298	13,493	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,404	1,099,607		3,894,157	4,473	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,169	611,471		2,624,053	5,782	58
60 LABORATORY	49,488	9,994,898		29,124,892	50,314	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	139	412,816		5,108,505	139	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,430	3,434,117		6,226,085	9,430	65
66 PHYSICAL THERAPY	12,724	6,939,050		10,117,607	12,724	66
67 OCCUPATIONAL THERAPY	5,219	1,402,775		2,013,150	5,219	67
68 SPEECH PATHOLOGY	1,243	531,434		739,577	1,243	68
69 ELECTROCARDIOLOGY	16,138	5,314,416		24,254,948	16,138	69
69.01 GI UNIT	6,885	1,430,195		3,783,751	6,885	69.01
69.02 VASCULAR LAB	1,028	354,463		647,421	1,028	69.02
70 ELECTROENCEPHALOGRAPHY	1,423	342,038		557,242	1,423	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	970	427,866		38,789,890	970	71
73 DRUGS CHARGED TO PATIENTS				17,897,790		73
73.01 RENAL TXPLANT LAB	1,010	144,595		583,671	1,010	73.01
74 RENAL DIALYSIS	5,356	995,560		1,549,659	5,356	74
75 ASC (NON-DISTINCT PART)		2,061,795		6,785,393	16,429	75
76.97 CARDIAC REHABILITATION	106	1,098,348		1,517,102	106	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	21,651	7,118,968		13,234,365	21,651	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	682	276,955		1,585,057	682	105
109 PANCREAS ACQUISITION	44	17,665		140,091	44	109
118 SUBTOTALS (SUM OF LINES 1-117)	785,261	161,046,642	-73,182,918	361,806,741	587,822	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	47,319		354,904	1,267	190
192 PHYSICIANS' PRIVATE OFFICES	12,612	56,984		410,009	12,612	192
192.01 SIU SCHOOL OF MEDICINE				1,411,180	57,332	192.01
192.03 UNIVERSITY BUILDING (MHCCI)	2,084	51,105		252,429	2,084	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE	21,900	75,464		527,950	11,607	192.05
192.06 VNA OF CENTRAL IL		93,431		22,102	5,911	192.06
192.07 GAMBRO					9,886	192.07
192.08 FOUNDATION	2,123	20,756		54,359	2,123	192.08

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
192.09 SIU MAP PROGRAM		66,217		791,351	15,936	192.09
192.10 AUDIOLOGY	1,016	221,684		663,977	1,016	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	19,245,486	38,246,238		73,182,918	24,853,563	202
203 UNIT COST MULT-WS B PT I	23.292204	0.236556		0.199792	35.123945	203
204 COST TO BE ALLOC PER B PT II		268,896		5,533,554	3,134,995	204
205 UNIT COST MULT-WS B PT II		0.001663		0.015107	4.430487	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINISTRATION DIRECT NRSING HRS 13
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	3,999,426				8
9 HOUSEKEEPING		727,594			9
10 DIETARY		5,879	371,516		10
11 CAFETERIA		17,095		249,260	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		4,205		2,990	132,010
14 CENTRAL SERVICES & SUPPLY	175,681	16,032		5,520	14
15 PHARMACY	5,475	6,710		7,270	15
16 MEDICAL RECORDS & LIBRARY		12,275		7,830	16
17 SOCIAL SERVICE				1,101	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	12,577	5,786		12,621	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)				15	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,604,905	151,300	248,497	57,794	57,794
31 INTENSIVE CARE UNIT	244,532	32,148	19,176	12,235	12,235
33 BURN INTENSIVE CARE UNIT	62,326	7,324	5,701	2,276	2,276
40 SUBPROVIDER - IPF	95,323	25,428	42,277	7,490	7,490
41 SUBPROVIDER - IRF	87,635	7,693	18,403	2,920	2,920
43 NURSERY	42,260	1,950	11,572	1,371	1,371
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	362,933	48,095	326	19,560	19,560
52 DELIVERY ROOM & LABOR ROOM	93,538	1,961		3,034	3,034
53 ANESTHESIOLOGY	21,441	5,344		1,030	1,030
54 RADIOLOGY-DIAGNOSTIC	170,529	45,620	6	14,980	
55 RADIOLOGY-THERAPEUTIC	26,609	13,493	38	1,830	1,830
57 COMPUTED TOMOGRAPHY (CT) SCAN	40,065	4,473		2,200	
58 MAGNETIC RESONANCE IMAGING (MRI)	12,484	5,782		1,240	
60 LABORATORY	2,846	50,314	1,104	21,540	
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,534	139		710	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	7,691	9,430		6,030	6,030
66 PHYSICAL THERAPY	47,297	12,724	33	11,000	
67 OCCUPATIONAL THERAPY	6,093	5,219		1,780	
68 SPEECH PATHOLOGY		1,243		710	
69 ELECTROCARDIOLOGY	84,297	16,138	56	9,080	9,080
69.01 GI UNIT	54,255	6,885	24	2,630	2,630
69.02 VASCULAR LAB		1,028		470	470
70 ELECTROENCEPHALOGRAPHY	11,715	1,423		620	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		970		600	600
73 DRUGS CHARGED TO PATIENTS					
73.01 RENAL TXPLANT LAB		1,010		240	
74 RENAL DIALYSIS	22,540	5,356	397	1,430	
75 ASC (NON-DISTINCT PART)	110,682	16,429	80	3,660	3,660
76.97 CARDIAC REHABILITATION		106		1,680	
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	412,337	21,651	3,161	12,655	
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		682		442	
109 PANCREAS ACQUISITION		44		28	
118 SUBTOTALS (SUM OF LINES 1-117)	3,821,600	569,384	350,851	240,612	132,010
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,933	1,267		130	
192 PHYSICIANS' PRIVATE OFFICES	31,054	12,612	274	10	
192.01 SIU SCHOOL OF MEDICINE	28,671	57,332			
192.03 UNIVERSITY BUILDING (MHCCI)	110,168	2,084			
192.04 MEALS ON WHEELS			20,391		
192.05 ACS HOME CARE		21,900		3,739	
192.06 VNA OF CENTRAL IL		11,153		3,621	
192.07 GAMBRO		18,654			
192.08 FOUNDATION		2,123		488	

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
192.09 SIU MAP PROGRAM		30,069		280		192.09
192.10 AUDIOLOGY		1,016		380		192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,966,357	8,111,003	2,917,418	3,516,310	4,039,117	202
203 UNIT COST MULT-WS B PT I	0.741696	11.147705	7.852739	14.106997	30.597053	203
204 COST TO BE ALLOC PER B PT II	200,513	421,012	213,778	558,781	528,956	204
205 UNIT COST MULT-WS B PT II	0.050135	0.578636	0.575421	2.241760	4.006939	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	74,947,702					14
15 PHARMACY	128,446	18,415,470				15
16 MEDICAL RECORDS & LIBRARY	22		10,000			16
17 SOCIAL SERVICE				9,752		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					10,000	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,321,465	166,802	6,268	6,728	4,100	30
31 INTENSIVE CARE UNIT	809,480	39,723	754	152		31
33 BURN INTENSIVE CARE UNIT	205,987	5,386	172	210		33
40 SUBPROVIDER - IPF	61,170	1,751	750	1,196	966	40
41 SUBPROVIDER - IRF	73,854	1,503	352	173		41
43 NURSERY	94,064	1,790	64			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	711,821	17,205	138		1,770	50
52 DELIVERY ROOM & LABOR ROOM	208,203	3,961		39		52
53 ANESTHESIOLOGY	1,309,896	70,383	81			53
54 RADIOLOGY-DIAGNOSTIC	3,742,367	29,173	172		421	54
55 RADIOLOGY-THERAPEUTIC	202,624	432	86	51		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	388,827	22,417	194			57
58 MAGNETIC RESONANCE IMAGING (MRI)	46,260	3,112	67			58
60 LABORATORY	8,212,301	13,197	216			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	343,755	4	11			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	470,557	16,876	25		121	65
66 PHYSICAL THERAPY	58,326	183	47	35		66
67 OCCUPATIONAL THERAPY	30,677	49	4			67
68 SPEECH PATHOLOGY	10,973	4				68
69 ELECTROCARDIOLOGY	13,933,788	58,746	196			69
69.01 GI UNIT	837,927	9,330	41	1,120		69.01
69.02 VASCULAR LAB	4,411		7			69.02
70 ELECTROENCEPHALOGRAPHY	41,129	10	3			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	36,408,340	867	61			71
73 DRUGS CHARGED TO PATIENTS		17,897,790				73
73.01 RENAL TXPLANT LAB	286,303	8				73.01
74 RENAL DIALYSIS		4,092				74
75 ASC (NON-DISTINCT PART)	2,671,192	8,431	95			75
76.97 CARDIAC REHABILITATION	8,174	72	4			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,028,078	42,171	192	48	563	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	74,650,417	18,415,468	10,000	9,752	7,941	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	527					192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBRO						192.07
192.08 FOUNDATION						192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21		
192.09 SIU MAP PROGRAM							192.09
192.10 AUDIOLOGY	296,758		2			2,059	192.10
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	5,055,775	11,141,467	8,647,911	1,416,859	9,572,075		202
203 UNIT COST MULT-WS B PT I	0.067457	0.605006	864.791100	145.289069	957.207500		203
204 COST TO BE ALLOC PER B PT II	858,392	1,054,795	621,185	21,167	315,826		204
205 UNIT COST MULT-WS B PT II	0.011453	0.057278	62.118500	2.170529	31.582600		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME		PARAMED EDUCATION EMERGENCY ASSIGNED TIME	
	22	23	22	23
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,000			22
23 PARAMED ED PRGM-(SPECIFY)			100	23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	4,100			30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF	966			40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,770			50
52 DELIVERY ROOM & LABOR ROOM				52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	421			54
55 RADIOLOGY-THERAPEUTIC				55
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
60 LABORATORY				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	121			65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
69.01 GI UNIT				69.01
69.02 VASCULAR LAB				69.02
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
73 DRUGS CHARGED TO PATIENTS				73
73.01 RENAL TXPLANT LAB				73.01
74 RENAL DIALYSIS				74
75 ASC (NON-DISTINCT PART)				75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	563		100	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION				105
109 PANCREAS ACQUISITION				109
118 SUBTOTALS (SUM OF LINES 1-117)	7,941		100	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 SIU SCHOOL OF MEDICINE				192.01
192.03 UNIVERSITY BUILDING (MHCCI)				192.03
192.04 MEALS ON WHEELS				192.04
192.05 ACS HOME CARE				192.05
192.06 VNA OF CENTRAL IL				192.06
192.07 GAMBRO				192.07
192.08 FOUNDATION				192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	EMERGENCY	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	22	23	
192.09 SIU MAP PROGRAM	2,059		192.09
192.10 AUDIOLOGY			192.10
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,634,700	14,059	202
203 UNIT COST MULT-WS B PT I	163.470000	140.590000	203
204 COST TO BE ALLOC PER B PT II	20,583	223	204
205 UNIT COST MULT-WS B PT II	2.058300	2.230000	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

----- WORKSHEET B -----  
PART                      LINE NO.                      AMOUNT  
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	74,902,943		74,902,943	105,154	75,008,097	30
31 INTENSIVE CARE UNIT	16,437,586		16,437,586	72,870	16,510,456	31
33 BURN INTENSIVE CARE UNIT	3,292,748		3,292,748	34,183	3,326,931	33
40 SUBPROVIDER - IPF	9,691,669		9,691,669	2,982	9,694,651	40
41 SUBPROVIDER - IRF	3,490,990		3,490,990	318	3,491,308	41
43 NURSERY	1,879,926		1,879,926	18,267	1,898,193	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	31,688,835		31,688,835		31,688,835	50
52 DELIVERY ROOM & LABOR ROOM	3,770,018		3,770,018		3,770,018	52
53 ANESTHESIOLOGY	5,209,137		5,209,137	3,731	5,212,868	53
54 RADIOLOGY-DIAGNOSTIC	28,102,757		28,102,757		28,102,757	54
55 RADIOLOGY-THERAPEUTIC	6,244,115		6,244,115		6,244,115	55
57 COMPUTED TOMOGRAPHY (CT) SC	5,147,462		5,147,462		5,147,462	57
58 MAGNETIC RESONANCE IMAGING	3,505,558		3,505,558		3,505,558	58
60 LABORATORY	38,335,325		38,335,325	314,991	38,650,316	60
62 WHOLE BLOOD & PACKED RED BL	6,180,916		6,180,916		6,180,916	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,245,190		8,245,190	12,406	8,257,596	65
66 PHYSICAL THERAPY	12,968,075		12,968,075	309,438	13,277,513	66
67 OCCUPATIONAL THERAPY	2,692,040		2,692,040		2,692,040	67
68 SPEECH PATHOLOGY	955,613		955,613		955,613	68
69 ELECTROCARDIOLOGY	31,461,474		31,461,474	46,940	31,508,414	69
69.01 GI UNIT	5,276,643		5,276,643	5,890	5,282,533	69.01
69.02 VASCULAR LAB	851,701		851,701	19,036	870,737	69.02
70 ELECTROENCEPHALOGRAPHY	757,227		757,227	22,001	779,228	70
71 MEDICAL SUPPLIES CHRGED TO	49,120,809		49,120,809	159,968	49,280,777	71
73 DRUGS CHARGED TO PATIENTS	32,301,892		32,301,892		32,301,892	73
73.01 RENAL TXPLANT LAB	769,722		769,722	32,123	801,845	73.01
74 RENAL DIALYSIS	2,122,280		2,122,280	16,371	2,138,651	74
75 ASC (NON-DISTINCT PART)	9,415,041		9,415,041	373,965	9,789,006	75
76.97 CARDIAC REHABILITATION	1,852,866		1,852,866	3,874	1,856,740	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	17,671,427		17,671,427	21,840	17,693,267	91
92 OBSERVATION BEDS	1,579,684		1,579,684		1,579,684	92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	1,939,532		1,939,532		1,939,532	105
109 PANCREAS ACQUISITION	170,510		170,510		170,510	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	418,031,711		418,031,711	1,576,348	419,608,059	200
201 LESS OBSERVATION BEDS	1,579,684		1,579,684		1,579,684	201
202 TOTAL (SEE INSTRUCTIONS)	416,452,027		416,452,027		418,028,375	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	104,398,192		104,398,192			30
31 INTENSIVE CARE UNIT	29,347,035		29,347,035			31
33 BURN INTENSIVE CARE UNIT	5,557,914		5,557,914			33
40 SUBPROVIDER - IPF	18,699,516		18,699,516			40
41 SUBPROVIDER - IRF	5,320,452		5,320,452			41
43 NURSERY	4,363,958		4,363,958			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	100,730,716	56,262,497	156,993,213	0.201848	0.201848	0.201848 50
52 DELIVERY ROOM & LABOR ROOM	8,533,410	1,022,862	9,556,272	0.394507	0.394507	0.394507 52
53 ANESTHESIOLOGY	18,179,397	18,669,889	36,849,286	0.141363	0.141363	0.141465 53
54 RADIOLOGY-DIAGNOSTIC	36,574,453	74,519,028	111,093,481	0.252965	0.252965	0.252965 54
55 RADIOLOGY-THERAPEUTIC	2,231,848	37,702,260	39,934,108	0.156360	0.156360	0.156360 55
57 COMPUTED TOMOGRAPHY (CT) SC	44,529,570	84,748,685	129,278,255	0.039817	0.039817	0.039817 57
58 MAGNETIC RESONANCE IMAGING	10,913,739	28,894,774	39,808,513	0.088061	0.088061	0.088061 58
60 LABORATORY	75,279,071	93,790,199	169,069,270	0.226743	0.226743	0.228606 60
62 WHOLE BLOOD & PACKED RED BL	15,080,839	4,967,531	20,048,370	0.308300	0.308300	0.308300 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	39,952,694	10,642,060	50,594,754	0.162965	0.162965	0.163211 65
66 PHYSICAL THERAPY	11,000,423	19,989,121	30,989,544	0.418466	0.418466	0.428451 66
67 OCCUPATIONAL THERAPY	8,070,264	1,568,740	9,639,004	0.279286	0.279286	0.279286 67
68 SPEECH PATHOLOGY	2,950,577	15,881	2,966,458	0.322139	0.322139	0.322139 68
69 ELECTROCARDIOLOGY	101,506,875	85,635,773	187,142,648	0.168115	0.168115	0.168366 69
69.01 GI UNIT	4,870,904	17,514,328	22,385,232	0.235720	0.235720	0.235983 69.01
69.02 VASCULAR LAB	3,476,082	3,072,384	6,548,466	0.130061	0.130061	0.132968 69.02
70 ELECTROENCEPHALOGRAPHY	4,772,117	1,514,227	6,286,344	0.120456	0.120456	0.123956 70
71 MEDICAL SUPPLIES CHRGED TO	148,634,567	26,804,531	175,439,098	0.279988	0.279988	0.280900 71
73 DRUGS CHARGED TO PATIENTS	83,197,914	29,229,793	112,427,707	0.287313	0.287313	0.287313 73
73.01 RENAL TXPLANT LAB	61,103	716,792	777,895	0.989493	0.989493	1.030788 73.01
74 RENAL DIALYSIS	6,316,812	2,132,094	8,448,906	0.251190	0.251190	0.253128 74
75 ASC (NON-DISTINCT PART)	1,165,478	41,055,770	42,221,248	0.222993	0.222993	0.231850 75
76.97 CARDIAC REHABILITATION	2,043,619	2,016,331	4,059,950	0.456377	0.456377	0.457331 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	20,262,429	47,423,091	67,685,520	0.261081	0.261081	0.261404 91
92 OBSERVATION BEDS	171,880	1,719,160	1,891,040	0.835352	0.835352	0.835352 92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	2,076,260		2,076,260			105
109 PANCREAS ACQUISITION	133,938		133,938			109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	920,404,046	691,627,801	1,612,031,847			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	920,404,046	691,627,801	1,612,031,847			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	7,638,258	7,638,258	93,542	81.66	56,364	4,602,684	30
31 INTENSIVE CARE UNIT	1,458,114	1,458,114	11,159	130.67	6,121	799,831	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	329,979	329,979	2,580	127.90	226	28,905	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	965,726	965,726	11,009	87.72	5,168	453,337	40
41 SUBPROVIDER - IRF	315,503	315,503	5,176	60.95	2,611	159,140	41
42 SUBPROVIDER I							42
43 NURSERY	127,151	127,151	3,415	37.23			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,834,731	10,834,731	126,881		70,490	6,043,897	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL	
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,664,882	156,993,213	0.029714	46,204,793	1,372,929	50
52 DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818	32,495	611	52
53 ANESTHESIOLOGY	792,886	36,849,286	0.021517	9,312,654	200,380	53
54 RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606	22,932,634	1,022,933	54
55 RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159	1,345,793	56,737	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270	23,081,153	213,962	57
58 MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225	5,931,035	185,197	58
60 LABORATORY	3,427,869	169,069,270	0.020275	43,437,049	880,686	60
62 WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733	8,957,269	51,352	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	637,311	50,594,754	0.012596	26,211,854	330,165	65
66 PHYSICAL THERAPY	881,057	30,989,544	0.028431	4,792,317	136,250	66
67 OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909	3,282,201	65,345	67
68 SPEECH PATHOLOGY	51,999	2,966,458	0.017529	1,432,141	25,104	68
69 ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455	64,707,175	870,635	69
69.01 GI UNIT	839,412	22,385,232	0.037498	3,111,210	116,664	69.01
69.02 VASCULAR LAB	160,593	6,548,466	0.024524	2,121,629	52,031	69.02
70 ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377	1,852,240	26,630	70
71 MEDICAL SUPPLIES CHRGD TO PA	1,051,638	175,439,098	0.005994	69,316,924	415,486	71
73 DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523	45,546,508	524,832	73
73.01 RENAL TXPLANT LAB	55,673	777,895	0.071569	34,685	2,482	73.01
74 RENAL DIALYSIS	273,407	8,448,906	0.032360	4,947,988	160,117	74
75 ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295	441,277	11,162	75
76.97 CARDIAC REHABILITATION	68,440	4,059,950	0.016857	1,331,604	22,447	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,092,698	67,685,520	0.016144	10,071,067	162,587	91
92 OBSERVATION BEDS	160,862	1,891,040	0.085065			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582		400,435,695	6,906,724	200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
02/27/2013 09:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [XX] TITLE XVIII-PT A  
BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 02/27/2013 09:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	93,542		56,364		30
31 INTENSIVE CARE UNIT	11,159		6,121		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	2,580		226		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	11,009		5,168		40
41 SUBPROVIDER - IRF	5,176		2,611		41
42 SUBPROVIDER I					42
43 NURSERY	3,415				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	126,881		70,490		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			14,059		14,059	14,059
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0148)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 13) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	156,993,213			46,204,793	16,030,651	50		
52	DELIVERY ROOM & LABOR ROOM	9,556,272			32,495		52		
53	ANESTHESIOLOGY	36,849,286			9,312,654	4,747,591	53		
54	RADIOLOGY-DIAGNOSTIC	111,093,481			22,932,634	26,791,472	54		
55	RADIOLOGY-THERAPEUTIC	39,934,108			1,345,793	17,163,972	55		
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255			23,081,153	26,933,018	57		
58	MAGNETIC RESONANCE IMAGING (	39,808,513			5,931,035	7,831,974	58		
60	LABORATORY	169,069,270			43,437,049	5,775,917	60		
62	WHOLE BLOOD & PACKED RED BLO	20,048,370			8,957,269	2,035,576	62		
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30		
65	RESPIRATORY THERAPY	50,594,754			26,211,854	3,399,064	65		
66	PHYSICAL THERAPY	30,989,544			4,792,317	180,644	66		
67	OCCUPATIONAL THERAPY	9,639,004			3,282,201		67		
68	SPEECH PATHOLOGY	2,966,458			1,432,141	290	68		
69	ELECTROCARDIOLOGY	187,142,648			64,707,175	39,353,413	69		
69.01	GI UNIT	22,385,232			3,111,210	6,416,935	69.01		
69.02	VASCULAR LAB	6,548,466			2,121,629	1,642,973	69.02		
70	ELECTROENCEPHALOGRAPHY	6,286,344			1,852,240	196,292	70		
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098			69,316,924	7,276,072	71		
73	DRUGS CHARGED TO PATIENTS	112,427,707			45,546,508	12,210,426	73		
73.01	RENAL TXPLANT LAB	777,895			34,685	15,613	73.01		
74	RENAL DIALYSIS	8,448,906			4,947,988	323,329	74		
75	ASC (NON-DISTINCT PART)	42,221,248			441,277	8,641,549	75		
76.97	CARDIAC REHABILITATION	4,059,950			1,331,604	1,000,101	76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	67,685,520	0.000208	0.000208	10,071,067	2,095	11,056,118	2,300	91
92	OBSERVATION BEDS	1,891,040							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582			400,435,695	2,095	199,022,990	2,300	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.201848	16,030,651			3,235,755			50
52 DELIVERY ROOM & LABOR ROOM	0.394507							52
53 ANESTHESIOLOGY	0.141363	4,747,591			671,134			53
54 RADIOLOGY-DIAGNOSTIC	0.252965	26,791,472			6,777,305			54
55 RADIOLOGY-THERAPEUTIC	0.156360	17,163,972			2,683,759			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817	26,933,018			1,072,392			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061	7,831,974			689,691			58
60 LABORATORY	0.226743	5,775,917			1,309,649			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300	2,035,576			627,568			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.162965	3,399,064			553,928			65
66 PHYSICAL THERAPY	0.418466	180,644			75,593			66
67 OCCUPATIONAL THERAPY	0.279286							67
68 SPEECH PATHOLOGY	0.322139	290			93			68
69 ELECTROCARDIOLOGY	0.168115	39,353,413			6,615,899			69
69.01 GI UNIT	0.235720	6,416,935			1,512,600			69.01
69.02 VASCULAR LAB	0.130061	1,642,973			213,687			69.02
70 ELECTROENCEPHALOGRAPHY	0.120456	196,292			23,645			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988	7,276,072			2,037,213			71
73 DRUGS CHARGED TO PATIENTS	0.287313	12,210,426		44,773	3,508,214		12,864	73
73.01 RENAL TXPLANT LAB	0.989493	15,613			15,449			73.01
74 RENAL DIALYSIS	0.251190	323,329			81,217			74
75 ASC (NON-DISTINCT PART)	0.222993	8,641,549			1,927,005			75
76.97 CARDIAC REHABILITATION	0.456377	1,000,101			456,423			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.261081	11,056,118			2,886,542			91
92 OBSERVATION BEDS	0.835352							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		199,022,990		44,773	36,974,761		12,864	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		199,022,990		44,773	36,974,761		12,864	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S148) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,664,882	156,993,213	0.029714	15,900	472	50
52	DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818			52
53	ANESTHESIOLOGY	792,886	36,849,286	0.021517	8,538	184	53
54	RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606	97,471	4,348	54
55	RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159			55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270	188,545	1,748	57
58	MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225	42,712	1,334	58
60	LABORATORY	3,427,869	169,069,270	0.020275	795,998	16,139	60
62	WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733	8,956	51	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	637,311	50,594,754	0.012596	82,573	1,040	65
66	PHYSICAL THERAPY	881,057	30,989,544	0.028431	80,922	2,301	66
67	OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909	39,074	778	67
68	SPEECH PATHOLOGY	51,999	2,966,458	0.017529	10,089	177	68
69	ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455	126,417	1,701	69
69.01	GI UNIT	839,412	22,385,232	0.037498	14,311	537	69.01
69.02	VASCULAR LAB	160,593	6,548,466	0.024524	6,241	153	69.02
70	ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377	12,292	177	70
71	MEDICAL SUPPLIES CHRGD TO PA	1,051,638	175,439,098	0.005994	24,848	149	71
73	DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523	715,186	8,241	73
73.01	RENAL TXPLANT LAB	55,673	777,895	0.071569			73.01
74	RENAL DIALYSIS	273,407	8,448,906	0.032360	33,730	1,092	74
75	ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295			75
76.97	CARDIAC REHABILITATION	68,440	4,059,950	0.016857	973	16	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,092,698	67,685,520	0.016144	288,384	4,656	91
92	OBSERVATION BEDS	160,862	1,891,040	0.085065			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582		2,593,160	45,294	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			14,059		14,059	14,059
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S148)	[ ] SNF		[ ] TEFRA			
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)	
	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	156,993,213			15,900		50	
52	DELIVERY ROOM & LABOR ROOM	9,556,272					52	
53	ANESTHESIOLOGY	36,849,286			8,538		53	
54	RADIOLOGY-DIAGNOSTIC	111,093,481			97,471	1,165	54	
55	RADIOLOGY-THERAPEUTIC	39,934,108					55	
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255			188,545	3,828	57	
58	MAGNETIC RESONANCE IMAGING (	39,808,513			42,712		58	
60	LABORATORY	169,069,270			795,998		60	
62	WHOLE BLOOD & PACKED RED BLO	20,048,370			8,956		62	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
65	RESPIRATORY THERAPY	50,594,754			82,573		65	
66	PHYSICAL THERAPY	30,989,544			80,922		66	
67	OCCUPATIONAL THERAPY	9,639,004			39,074		67	
68	SPEECH PATHOLOGY	2,966,458			10,089		68	
69	ELECTROCARDIOLOGY	187,142,648			126,417	492	69	
69.01	GI UNIT	22,385,232			14,311		69.01	
69.02	VASCULAR LAB	6,548,466			6,241		69.02	
70	ELECTROENCEPHALOGRAPHY	6,286,344			12,292		70	
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098			24,848	300	71	
73	DRUGS CHARGED TO PATIENTS	112,427,707			715,186	12,647	73	
73.01	RENAL TXPLANT LAB	777,895					73.01	
74	RENAL DIALYSIS	8,448,906			33,730		74	
75	ASC (NON-DISTINCT PART)	42,221,248					75	
76.97	CARDIAC REHABILITATION	4,059,950			973		76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	67,685,520	0.000208	0.000208	288,384	60	91	
92	OBSERVATION BEDS	1,891,040					92	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582			2,593,160	60	18,432	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S148) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.201848							50
52 DELIVERY ROOM & LABOR ROOM	0.394507							52
53 ANESTHESIOLOGY	0.141363							53
54 RADIOLOGY-DIAGNOSTIC	0.252965	1,165			295			54
55 RADIOLOGY-THERAPEUTIC	0.156360							55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817	3,828			152			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061							58
60 LABORATORY	0.226743							60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.162965							65
66 PHYSICAL THERAPY	0.418466							66
67 OCCUPATIONAL THERAPY	0.279286							67
68 SPEECH PATHOLOGY	0.322139							68
69 ELECTROCARDIOLOGY	0.168115	492			83			69
69.01 GI UNIT	0.235720							69.01
69.02 VASCULAR LAB	0.130061							69.02
70 ELECTROENCEPHALOGRAPHY	0.120456							70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988	300			84			71
73 DRUGS CHARGED TO PATIENTS	0.287313	12,647			3,634			73
73.01 RENAL TXPLANT LAB	0.989493							73.01
74 RENAL DIALYSIS	0.251190							74
75 ASC (NON-DISTINCT PART)	0.222993							75
76.97 CARDIAC REHABILITATION	0.456377							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.261081							91
92 OBSERVATION BEDS	0.835352							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		18,432			4,248			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		18,432			4,248			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T148)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,664,882	156,993,213	0.029714	18,975	564	50
52	DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818			52
53	ANESTHESIOLOGY	792,886	36,849,286	0.021517	5,887	127	53
54	RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606	141,372	6,306	54
55	RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159	6,726	284	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270	77,659	720	57
58	MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225	20,429	638	58
60	LABORATORY	3,427,869	169,069,270	0.020275	362,538	7,350	60
62	WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733	36,934	212	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	637,311	50,594,754	0.012596	251,252	3,165	65
66	PHYSICAL THERAPY	881,057	30,989,544	0.028431	1,908,955	54,273	66
67	OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909	1,624,364	32,339	67
68	SPEECH PATHOLOGY	51,999	2,966,458	0.017529	495,454	8,685	68
69	ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455	29,169	392	69
69.01	GI UNIT	839,412	22,385,232	0.037498	8,904	334	69.01
69.02	VASCULAR LAB	160,593	6,548,466	0.024524	7,213	177	69.02
70	ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377	2,634	38	70
71	MEDICAL SUPPLIES CHRGED TO PA	1,051,638	175,439,098	0.005994	111,161	666	71
73	DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523	442,552	5,100	73
73.01	RENAL TXPLANT LAB	55,673	777,895	0.071569			73.01
74	RENAL DIALYSIS	273,407	8,448,906	0.032360	74,795	2,420	74
75	ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295			75
76.97	CARDIAC REHABILITATION	68,440	4,059,950	0.016857	4,590	77	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,092,698	67,685,520	0.016144	1,306	21	91
92	OBSERVATION BEDS	160,862	1,891,040	0.085065			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582		5,632,869	123,888	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T148) [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 GI UNIT						69.01
69.02 VASCULAR LAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB						73.01
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			14,059		14,059	14,059
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T148)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	156,993,213			18,975		50
52	DELIVERY ROOM & LABOR ROOM	9,556,272					52
53	ANESTHESIOLOGY	36,849,286			5,887		53
54	RADIOLOGY-DIAGNOSTIC	111,093,481			141,372		54
55	RADIOLOGY-THERAPEUTIC	39,934,108			6,726		55
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255			77,659		57
58	MAGNETIC RESONANCE IMAGING (	39,808,513			20,429		58
60	LABORATORY	169,069,270			362,538		60
62	WHOLE BLOOD & PACKED RED BLO	20,048,370			36,934		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	50,594,754			251,252		65
66	PHYSICAL THERAPY	30,989,544			1,908,955		66
67	OCCUPATIONAL THERAPY	9,639,004			1,624,364		67
68	SPEECH PATHOLOGY	2,966,458			495,454		68
69	ELECTROCARDIOLOGY	187,142,648			29,169		69
69.01	GI UNIT	22,385,232			8,904		69.01
69.02	VASCULAR LAB	6,548,466			7,213		69.02
70	ELECTROENCEPHALOGRAPHY	6,286,344			2,634		70
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098			111,161		71
73	DRUGS CHARGED TO PATIENTS	112,427,707			442,552		73
73.01	RENAL TXPLANT LAB	777,895					73.01
74	RENAL DIALYSIS	8,448,906			74,795		74
75	ASC (NON-DISTINCT PART)	42,221,248					75
76.97	CARDIAC REHABILITATION	4,059,950			4,590		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	67,685,520	0.000208	0.000208	1,306		91
92	OBSERVATION BEDS	1,891,040					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582			5,632,869		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T148) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.201848						50
52 DELIVERY ROOM & LABOR ROOM	0.394507						52
53 ANESTHESIOLOGY	0.141363						53
54 RADIOLOGY-DIAGNOSTIC	0.252965						54
55 RADIOLOGY-THERAPEUTIC	0.156360						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061						58
60 LABORATORY	0.226743						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.162965						65
66 PHYSICAL THERAPY	0.418466						66
67 OCCUPATIONAL THERAPY	0.279286						67
68 SPEECH PATHOLOGY	0.322139						68
69 ELECTROCARDIOLOGY	0.168115						69
69.01 GI UNIT	0.235720						69.01
69.02 VASCULAR LAB	0.130061						69.02
70 ELECTROENCEPHALOGRAPHY	0.120456						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988						71
73 DRUGS CHARGED TO PATIENTS	0.287313						73
73.01 RENAL TXPLANT LAB	0.989493						73.01
74 RENAL DIALYSIS	0.251190						74
75 ASC (NON-DISTINCT PART)	0.222993						75
76.97 CARDIAC REHABILITATION	0.456377						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.261081						91
92 OBSERVATION BEDS	0.835352						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	7,638,258		7,638,258	81.66	13,359	1,090,896	30
31 INTENSIVE CARE UNIT	1,458,114		1,458,114	130.67	339	44,297	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	329,979		329,979	127.90	337	43,102	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	965,726		965,726	87.72	1,199	105,176	40
41 SUBPROVIDER - IRF	315,503		315,503	60.95	850	51,808	41
42 SUBPROVIDER I							42
43 NURSERY	127,151		127,151	37.23			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,834,731		10,834,731		16,084	1,335,279	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF  
 BOXES [XX] TITLE XIX [ ] IRF

[ ] PPS  
 [ ] TEFRA  
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,664,882	156,993,213	0.029714		50
52 DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818		52
53 ANESTHESIOLOGY	792,886	36,849,286	0.021517		53
54 RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606		54
55 RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270		57
58 MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225		58
60 LABORATORY	3,427,869	169,069,270	0.020275		60
62 WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	637,311	50,594,754	0.012596		65
66 PHYSICAL THERAPY	881,057	30,989,544	0.028431		66
67 OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909		67
68 SPEECH PATHOLOGY	51,999	2,966,458	0.017529		68
69 ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455		69
69.01 GI UNIT	839,412	22,385,232	0.037498		69.01
69.02 VASCULAR LAB	160,593	6,548,466	0.024524		69.02
70 ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377		70
71 MEDICAL SUPPLIES CHRGED TO PA	1,051,638	175,439,098	0.005994		71
73 DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523		73
73.01 RENAL TXPLANT LAB	55,673	777,895	0.071569		73.01
74 RENAL DIALYSIS	273,407	8,448,906	0.032360		74
75 ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295		75
76.97 CARDIAC REHABILITATION	68,440	4,059,950	0.016857		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	1,092,698	67,685,520	0.016144		91
92 OBSERVATION BEDS	160,862	1,891,040	0.085065		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582			200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
02/27/2013 09:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [ ] TITLE XVIII-PT A  
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 02/27/2013 09:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	93,542		13,359		30
31 INTENSIVE CARE UNIT	11,159		339		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	2,580		337		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	11,009		1,199		40
41 SUBPROVIDER - IRF	5,176		850		41
42 SUBPROVIDER I					42
43 NURSERY	3,415				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	126,881		16,084		200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 02/27/2013 09:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.01 GI UNIT							69.01
69.02 VASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
73.01 RENAL TXPLANT LAB							73.01
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			14,059		14,059	14,059	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0148)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	156,993,213					50
52	DELIVERY ROOM & LABOR ROOM	9,556,272					52
53	ANESTHESIOLOGY	36,849,286					53
54	RADIOLOGY-DIAGNOSTIC	111,093,481					54
55	RADIOLOGY-THERAPEUTIC	39,934,108					55
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255					57
58	MAGNETIC RESONANCE IMAGING (	39,808,513					58
60	LABORATORY	169,069,270					60
62	WHOLE BLOOD & PACKED RED BLO	20,048,370					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	50,594,754					65
66	PHYSICAL THERAPY	30,989,544					66
67	OCCUPATIONAL THERAPY	9,639,004					67
68	SPEECH PATHOLOGY	2,966,458					68
69	ELECTROCARDIOLOGY	187,142,648					69
69.01	GI UNIT	22,385,232					69.01
69.02	VASCULAR LAB	6,548,466					69.02
70	ELECTROENCEPHALOGRAPHY	6,286,344					70
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098					71
73	DRUGS CHARGED TO PATIENTS	112,427,707					73
73.01	RENAL TXPLANT LAB	777,895					73.01
74	RENAL DIALYSIS	8,448,906					74
75	ASC (NON-DISTINCT PART)	42,221,248					75
76.97	CARDIAC REHABILITATION	4,059,950					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	67,685,520	0.000208	0.000208			91
92	OBSERVATION BEDS	1,891,040					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.201848						50
52 DELIVERY ROOM & LABOR ROOM	0.394507						52
53 ANESTHESIOLOGY	0.141363						53
54 RADIOLOGY-DIAGNOSTIC	0.252965						54
55 RADIOLOGY-THERAPEUTIC	0.156360						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061						58
60 LABORATORY	0.226743						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.162965						65
66 PHYSICAL THERAPY	0.418466						66
67 OCCUPATIONAL THERAPY	0.279286						67
68 SPEECH PATHOLOGY	0.322139						68
69 ELECTROCARDIOLOGY	0.168115						69
69.01 GI UNIT	0.235720						69.01
69.02 VASCULAR LAB	0.130061						69.02
70 ELECTROENCEPHALOGRAPHY	0.120456						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988						71
73 DRUGS CHARGED TO PATIENTS	0.287313						73
73.01 RENAL TXPLANT LAB	0.989493						73.01
74 RENAL DIALYSIS	0.251190						74
75 ASC (NON-DISTINCT PART)	0.222993						75
76.97 CARDIAC REHABILITATION	0.456377						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.261081						91
92 OBSERVATION BEDS	0.835352						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S148) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	4,664,882	156,993,213	0.029714	50
52	DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818	52
53	ANESTHESIOLOGY	792,886	36,849,286	0.021517	53
54	RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606	54
55	RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270	57
58	MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225	58
60	LABORATORY	3,427,869	169,069,270	0.020275	60
62	WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	637,311	50,594,754	0.012596	65
66	PHYSICAL THERAPY	881,057	30,989,544	0.028431	66
67	OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909	67
68	SPEECH PATHOLOGY	51,999	2,966,458	0.017529	68
69	ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455	69
69.01	GI UNIT	839,412	22,385,232	0.037498	69.01
69.02	VASCULAR LAB	160,593	6,548,466	0.024524	69.02
70	ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377	70
71	MEDICAL SUPPLIES CHRGED TO PA	1,051,638	175,439,098	0.005994	71
73	DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523	73
73.01	RENAL TXPLANT LAB	55,673	777,895	0.071569	73.01
74	RENAL DIALYSIS	273,407	8,448,906	0.032360	74
75	ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295	75
76.97	CARDIAC REHABILITATION	68,440	4,059,950	0.016857	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	1,092,698	67,685,520	0.016144	91
92	OBSERVATION BEDS	160,862	1,891,040	0.085065	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.01 GI UNIT							69.01
69.02 VASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
73.01 RENAL TXPLANT LAB							73.01
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			14,059		14,059	14,059	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (14-S148)	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	156,993,213					50
52	DELIVERY ROOM & LABOR ROOM	9,556,272					52
53	ANESTHESIOLOGY	36,849,286					53
54	RADIOLOGY-DIAGNOSTIC	111,093,481					54
55	RADIOLOGY-THERAPEUTIC	39,934,108					55
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255					57
58	MAGNETIC RESONANCE IMAGING (	39,808,513					58
60	LABORATORY	169,069,270					60
62	WHOLE BLOOD & PACKED RED BLO	20,048,370					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	50,594,754					65
66	PHYSICAL THERAPY	30,989,544					66
67	OCCUPATIONAL THERAPY	9,639,004					67
68	SPEECH PATHOLOGY	2,966,458					68
69	ELECTROCARDIOLOGY	187,142,648					69
69.01	GI UNIT	22,385,232					69.01
69.02	VASCULAR LAB	6,548,466					69.02
70	ELECTROENCEPHALOGRAPHY	6,286,344					70
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098					71
73	DRUGS CHARGED TO PATIENTS	112,427,707					73
73.01	RENAL TXPLANT LAB	777,895					73.01
74	RENAL DIALYSIS	8,448,906					74
75	ASC (NON-DISTINCT PART)	42,221,248					75
76.97	CARDIAC REHABILITATION	4,059,950					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	67,685,520	0.000208	0.000208			91
92	OBSERVATION BEDS	1,891,040					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S148) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.201848						50
52 DELIVERY ROOM & LABOR ROOM	0.394507						52
53 ANESTHESIOLOGY	0.141363						53
54 RADIOLOGY-DIAGNOSTIC	0.252965						54
55 RADIOLOGY-THERAPEUTIC	0.156360						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061						58
60 LABORATORY	0.226743						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.162965						65
66 PHYSICAL THERAPY	0.418466						66
67 OCCUPATIONAL THERAPY	0.279286						67
68 SPEECH PATHOLOGY	0.322139						68
69 ELECTROCARDIOLOGY	0.168115						69
69.01 GI UNIT	0.235720						69.01
69.02 VASCULAR LAB	0.130061						69.02
70 ELECTROENCEPHALOGRAPHY	0.120456						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988						71
73 DRUGS CHARGED TO PATIENTS	0.287313						73
73.01 RENAL TXPLANT LAB	0.989493						73.01
74 RENAL DIALYSIS	0.251190						74
75 ASC (NON-DISTINCT PART)	0.222993						75
76.97 CARDIAC REHABILITATION	0.456377						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.261081						91
92 OBSERVATION BEDS	0.835352						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T148)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	4,664,882	156,993,213	0.029714	50
52	DELIVERY ROOM & LABOR ROOM	179,827	9,556,272	0.018818	52
53	ANESTHESIOLOGY	792,886	36,849,286	0.021517	53
54	RADIOLOGY-DIAGNOSTIC	4,955,483	111,093,481	0.044606	54
55	RADIOLOGY-THERAPEUTIC	1,683,564	39,934,108	0.042159	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,198,447	129,278,255	0.009270	57
58	MAGNETIC RESONANCE IMAGING (M	1,243,001	39,808,513	0.031225	58
60	LABORATORY	3,427,869	169,069,270	0.020275	60
62	WHOLE BLOOD & PACKED RED BLOO	114,933	20,048,370	0.005733	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	637,311	50,594,754	0.012596	65
66	PHYSICAL THERAPY	881,057	30,989,544	0.028431	66
67	OCCUPATIONAL THERAPY	191,905	9,639,004	0.019909	67
68	SPEECH PATHOLOGY	51,999	2,966,458	0.017529	68
69	ELECTROCARDIOLOGY	2,517,962	187,142,648	0.013455	69
69.01	GI UNIT	839,412	22,385,232	0.037498	69.01
69.02	VASCULAR LAB	160,593	6,548,466	0.024524	69.02
70	ELECTROENCEPHALOGRAPHY	90,377	6,286,344	0.014377	70
71	MEDICAL SUPPLIES CHRGED TO PA	1,051,638	175,439,098	0.005994	71
73	DRUGS CHARGED TO PATIENTS	1,295,528	112,427,707	0.011523	73
73.01	RENAL TXPLANT LAB	55,673	777,895	0.071569	73.01
74	RENAL DIALYSIS	273,407	8,448,906	0.032360	74
75	ASC (NON-DISTINCT PART)	1,067,985	42,221,248	0.025295	75
76.97	CARDIAC REHABILITATION	68,440	4,059,950	0.016857	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	1,092,698	67,685,520	0.016144	91
92	OBSERVATION BEDS	160,862	1,891,040	0.085065	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	28,697,739	1,442,134,582		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T148) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC							55
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.01 GI UNIT							69.01
69.02 VASCULAR LAB							69.02
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
73.01 RENAL TXPLANT LAB							73.01
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			14,059		14,059	14,059	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			14,059		14,059	14,059	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T148)	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	156,993,213					50
52	DELIVERY ROOM & LABOR ROOM	9,556,272					52
53	ANESTHESIOLOGY	36,849,286					53
54	RADIOLOGY-DIAGNOSTIC	111,093,481					54
55	RADIOLOGY-THERAPEUTIC	39,934,108					55
57	COMPUTED TOMOGRAPHY (CT) SCA	129,278,255					57
58	MAGNETIC RESONANCE IMAGING (	39,808,513					58
60	LABORATORY	169,069,270					60
62	WHOLE BLOOD & PACKED RED BLO	20,048,370					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	50,594,754					65
66	PHYSICAL THERAPY	30,989,544					66
67	OCCUPATIONAL THERAPY	9,639,004					67
68	SPEECH PATHOLOGY	2,966,458					68
69	ELECTROCARDIOLOGY	187,142,648					69
69.01	GI UNIT	22,385,232					69.01
69.02	VASCULAR LAB	6,548,466					69.02
70	ELECTROENCEPHALOGRAPHY	6,286,344					70
71	MEDICAL SUPPLIES CHRGED TO P	175,439,098					71
73	DRUGS CHARGED TO PATIENTS	112,427,707					73
73.01	RENAL TXPLANT LAB	777,895					73.01
74	RENAL DIALYSIS	8,448,906					74
75	ASC (NON-DISTINCT PART)	42,221,248					75
76.97	CARDIAC REHABILITATION	4,059,950					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	67,685,520	0.000208	0.000208			91
92	OBSERVATION BEDS	1,891,040					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,442,134,582					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T148) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.201848						50
52 DELIVERY ROOM & LABOR ROOM	0.394507						52
53 ANESTHESIOLOGY	0.141363						53
54 RADIOLOGY-DIAGNOSTIC	0.252965						54
55 RADIOLOGY-THERAPEUTIC	0.156360						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061						58
60 LABORATORY	0.226743						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.162965						65
66 PHYSICAL THERAPY	0.418466						66
67 OCCUPATIONAL THERAPY	0.279286						67
68 SPEECH PATHOLOGY	0.322139						68
69 ELECTROCARDIOLOGY	0.168115						69
69.01 GI UNIT	0.235720						69.01
69.02 VASCULAR LAB	0.130061						69.02
70 ELECTROENCEPHALOGRAPHY	0.120456						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988						71
73 DRUGS CHARGED TO PATIENTS	0.287313						73
73.01 RENAL TXPLANT LAB	0.989493						73.01
74 RENAL DIALYSIS	0.251190						74
75 ASC (NON-DISTINCT PART)	0.222993						75
76.97 CARDIAC REHABILITATION	0.456377						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.261081						91
92 OBSERVATION BEDS	0.835352						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	93,542	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	93,542	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	91,572	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	56,364	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	75,008,097	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	75,008,097	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	101,859,480	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	54,225,030	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	47,634,450	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.736388	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	520.19	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	75,008,097	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 801.87 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 45,196,601 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 45,196,601 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	16,510,456	11,159	1,479.56	6,121	9,056,387	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,326,931	2,580	1,289.51	226	291,429	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					87,840,082	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					142,384,499	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,431,420 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,908,819 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 12,340,239 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 130,044,260 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,970 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 801.87 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,579,684 89

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
90 CAPITAL-RELATED COST	7,638,258	75,008,097	0.101832	1,579,684	160,862	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,009	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,009	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,009	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,168	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,694,651	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,694,651	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,290,000	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,231,505	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,058,495	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.678422	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	186.98	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,694,651	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	880.61 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,550,992 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,550,992 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	611,229 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,162,221 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	453,337 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	45,354 51
52	TOTAL PROGRAM EXCLUDABLE COST	498,691 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,663,530 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T148) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,176	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,176	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,176	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,611	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,491,308	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,491,308	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,357,675	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,357,675	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.651646	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,035.10	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,491,308	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T148) [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	674.52 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,761,172 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,761,172 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,800,848 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,562,020 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	159,140 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	123,888 51
52	TOTAL PROGRAM EXCLUDABLE COST	283,028 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,278,992 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	93,542	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	93,542	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	91,572	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,359	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,415	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	74,902,943	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	74,902,943	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	101,859,480	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	54,225,030	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	47,634,450	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.735356	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	520.19	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	74,902,943	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 800.74 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,697,086 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,697,086 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)	1,879,926	3,415	550.49			42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	16,437,586	11,159	1,473.03	339	499,357	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,292,748	2,580	1,276.26	337	430,100	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					11,626,543	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,178,295 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,178,295 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,970 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,009	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,009	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,009	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,199	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,691,669	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,691,669	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,290,000	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,231,505	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,058,495	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.678213	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	186.98	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,691,669	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	880.34 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,055,528 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,055,528 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,055,528 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	105,176 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	105,176 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T148) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,176	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,176	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,176	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	850	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,490,990	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,490,990	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,357,675	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,357,675	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.651587	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,035.10	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,490,990	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T148) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	674.46 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	573,291 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	573,291 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	573,291 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	51,808 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	51,808 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		60,526,612			30
31 INTENSIVE CARE UNIT		17,661,288			31
33 BURN INTENSIVE CARE UNIT		2,714,635			33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.201848	46,204,793	9,326,345		50
52 DELIVERY ROOM & LABOR ROOM	0.394507	32,495	12,820		52
53 ANESTHESIOLOGY	0.141465	9,312,654	1,317,415		53
54 RADIOLOGY-DIAGNOSTIC	0.252965	22,932,634	5,801,154		54
55 RADIOLOGY-THERAPEUTIC	0.156360	1,345,793	210,428		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817	23,081,153	919,022		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061	5,931,035	522,293		58
60 LABORATORY	0.228606	43,437,049	9,929,970		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300	8,957,269	2,761,526		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.163211	26,211,854	4,278,063		65
66 PHYSICAL THERAPY	0.428451	4,792,317	2,053,273		66
67 OCCUPATIONAL THERAPY	0.279286	3,282,201	916,673		67
68 SPEECH PATHOLOGY	0.322139	1,432,141	461,348		68
69 ELECTROCARDIOLOGY	0.168366	64,707,175	10,894,488		69
69.01 GI UNIT	0.235983	3,111,210	734,193		69.01
69.02 VASCULAR LAB	0.132968	2,121,629	282,109		69.02
70 ELECTROENCEPHALOGRAPHY	0.123956	1,852,240	229,596		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280900	69,316,924	19,471,124		71
73 DRUGS CHARGED TO PATIENTS	0.287313	45,546,508	13,086,104		73
73.01 RENAL TXPLANT LAB	1.030788	34,685	35,753		73.01
74 RENAL DIALYSIS	0.253128	4,947,988	1,252,474		74
75 ASC (NON-DISTINCT PART)	0.231850	441,277	102,310		75
76.97 CARDIAC REHABILITATION	0.457331	1,331,604	608,984		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.261404	10,071,067	2,632,617		91
92 OBSERVATION BEDS	0.835352				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		400,435,695	87,840,082		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		400,435,695			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
33 BURN INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF		7,194,585			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.201848	15,900	3,209		50
52 DELIVERY ROOM & LABOR ROOM	0.394507				52
53 ANESTHESIOLOGY	0.141465	8,538	1,208		53
54 RADIOLOGY-DIAGNOSTIC	0.252965	97,471	24,657		54
55 RADIOLOGY-THERAPEUTIC	0.156360				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817	188,545	7,507		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061	42,712	3,761		58
60 LABORATORY	0.228606	795,998	181,970		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300	8,956	2,761		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.163211	82,573	13,477		65
66 PHYSICAL THERAPY	0.428451	80,922	34,671		66
67 OCCUPATIONAL THERAPY	0.279286	39,074	10,913		67
68 SPEECH PATHOLOGY	0.322139	10,089	3,250		68
69 ELECTROCARDIOLOGY	0.168366	126,417	21,284		69
69.01 GI UNIT	0.235983	14,311	3,377		69.01
69.02 VASCULAR LAB	0.132968	6,241	830		69.02
70 ELECTROENCEPHALOGRAPHY	0.123956	12,292	1,524		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280900	24,848	6,980		71
73 DRUGS CHARGED TO PATIENTS	0.287313	715,186	205,482		73
73.01 RENAL TXPLANT LAB	1.030788				73.01
74 RENAL DIALYSIS	0.253128	33,730	8,538		74
75 ASC (NON-DISTINCT PART)	0.231850				75
76.97 CARDIAC REHABILITATION	0.457331	973	445		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.261404	288,384	75,385		91
92 OBSERVATION BEDS	0.835352				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,593,160	611,229		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,593,160			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T148) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		2,675,918		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.201848	18,975	3,830	50
52 DELIVERY ROOM & LABOR ROOM	0.394507			52
53 ANESTHESIOLOGY	0.141465	5,887	833	53
54 RADIOLOGY-DIAGNOSTIC	0.252965	141,372	35,762	54
55 RADIOLOGY-THERAPEUTIC	0.156360	6,726	1,052	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817	77,659	3,092	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061	20,429	1,799	58
60 LABORATORY	0.228606	362,538	82,878	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300	36,934	11,387	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.163211	251,252	41,007	65
66 PHYSICAL THERAPY	0.428451	1,908,955	817,894	66
67 OCCUPATIONAL THERAPY	0.279286	1,624,364	453,662	67
68 SPEECH PATHOLOGY	0.322139	495,454	159,605	68
69 ELECTROCARDIOLOGY	0.168366	29,169	4,911	69
69.01 GI UNIT	0.235983	8,904	2,101	69.01
69.02 VASCULAR LAB	0.132968	7,213	959	69.02
70 ELECTROENCEPHALOGRAPHY	0.123956	2,634	327	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280900	111,161	31,225	71
73 DRUGS CHARGED TO PATIENTS	0.287313	442,552	127,151	73
73.01 RENAL TXPLANT LAB	1.030788			73.01
74 RENAL DIALYSIS	0.253128	74,795	18,933	74
75 ASC (NON-DISTINCT PART)	0.231850			75
76.97 CARDIAC REHABILITATION	0.457331	4,590	2,099	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.261404	1,306	341	91
92 OBSERVATION BEDS	0.835352			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,632,869	1,800,848	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,632,869		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.201848			50
52 DELIVERY ROOM & LABOR ROOM	0.394507			52
53 ANESTHESIOLOGY	0.141363			53
54 RADIOLOGY-DIAGNOSTIC	0.252965			54
55 RADIOLOGY-THERAPEUTIC	0.156360			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061			58
60 LABORATORY	0.226743			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.162965			65
66 PHYSICAL THERAPY	0.418466			66
67 OCCUPATIONAL THERAPY	0.279286			67
68 SPEECH PATHOLOGY	0.322139			68
69 ELECTROCARDIOLOGY	0.168115			69
69.01 GI UNIT	0.235720			69.01
69.02 VASCULAR LAB	0.130061			69.02
70 ELECTROENCEPHALOGRAPHY	0.120456			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.279988			71
73 DRUGS CHARGED TO PATIENTS	0.287313			73
73.01 RENAL TXPLANT LAB	0.989493			73.01
74 RENAL DIALYSIS	0.251190			74
75 ASC (NON-DISTINCT PART)	0.222993			75
76.97 CARDIAC REHABILITATION	0.456377			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.261081			91
92 OBSERVATION BEDS	0.835352			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S148) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.201848		50
52 DELIVERY ROOM & LABOR ROOM	0.394507		52
53 ANESTHESIOLOGY	0.141363		53
54 RADIOLOGY-DIAGNOSTIC	0.252965		54
55 RADIOLOGY-THERAPEUTIC	0.156360		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061		58
60 LABORATORY	0.226743		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.162965		65
66 PHYSICAL THERAPY	0.418466		66
67 OCCUPATIONAL THERAPY	0.279286		67
68 SPEECH PATHOLOGY	0.322139		68
69 ELECTROCARDIOLOGY	0.168115		69
69.01 GI UNIT	0.235720		69.01
69.02 VASCULAR LAB	0.130061		69.02
70 ELECTROENCEPHALOGRAPHY	0.120456		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.279988		71
73 DRUGS CHARGED TO PATIENTS	0.287313		73
73.01 RENAL TXPLANT LAB	0.989493		73.01
74 RENAL DIALYSIS	0.251190		74
75 ASC (NON-DISTINCT PART)	0.222993		75
76.97 CARDIAC REHABILITATION	0.456377		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.261081		91
92 OBSERVATION BEDS	0.835352		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T148) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.201848		50
52 DELIVERY ROOM & LABOR ROOM	0.394507		52
53 ANESTHESIOLOGY	0.141363		53
54 RADIOLOGY-DIAGNOSTIC	0.252965		54
55 RADIOLOGY-THERAPEUTIC	0.156360		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039817		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.088061		58
60 LABORATORY	0.226743		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.308300		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.162965		65
66 PHYSICAL THERAPY	0.418466		66
67 OCCUPATIONAL THERAPY	0.279286		67
68 SPEECH PATHOLOGY	0.322139		68
69 ELECTROCARDIOLOGY	0.168115		69
69.01 GI UNIT	0.235720		69.01
69.02 VASCULAR LAB	0.130061		69.02
70 ELECTROENCEPHALOGRAPHY	0.120456		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.279988		71
73 DRUGS CHARGED TO PATIENTS	0.287313		73
73.01 RENAL TXPLANT LAB	0.989493		73.01
74 RENAL DIALYSIS	0.251190		74
75 ASC (NON-DISTINCT PART)	0.222993		75
76.97 CARDIAC REHABILITATION	0.456377		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.261081		91
92 OBSERVATION BEDS	0.835352		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL. 2 x COL. 3)	
		1	D	2		3		4	
1	ADULTS & PEDIATRICS	23,763	38	801.87		38		30,471	1
2	INTENSIVE CARE UNIT	683	43	1,479.56					2
3	CORONARY CARE UNIT		44						3
4	BURN INTENSIVE CARE UNIT		45	1,289.51					4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	OTHER SPECIAL CARE (SPECIFY)		47						6
7	TOTAL (SUM OF LINES 1-6)	24,446				38		30,471	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2		3		4	
8	OPERATING ROOM	50	0.201848	206,867		41,756			8
9	RECOVERY ROOM	51							9
10	DELIVERY ROOM & LABOR ROOM	52	0.394507						10
11	ANESTHESIOLOGY	53	0.141363	59,594		8,424			11
12	RADIOLOGY-DIAGNOSTIC	54	0.252965	41,656		10,538			12
13	RADIOLOGY-THERAPEUTIC	55	0.156360						13
14	RADIOISOTOPE	56							14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.039817	77,425		3,083			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.088061	2,826		249			16
17	CARDIAC CATHETERIZATION	59							17
18	LABORATORY	60	0.226743	269,745		61,163			18
19	PBP CLINICAL LAB SERVICES-PRGM	61							19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.308300						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30							20.30
21	BLOOD STORING, PROCESSING & TRA	63		18,784					21
22	INTRAVENOUS THERAPY	64							22
23	RESPIRATORY THERAPY	65	0.162965	6,728		1,096			23
24	PHYSICAL THERAPY	66	0.418466	7,330		3,067			24
25	OCCUPATIONAL THERAPY	67	0.279286						25
26	SPEECH PATHOLOGY	68	0.322139						26
27	ELECTROCARDIOLOGY	69	0.168115	129,863		21,832			27
27.01	GI UNIT	69.01	0.235720	13,020		3,069			27.01
27.02	VASCULAR LAB	69.02	0.130061	3,563		463			27.02
28	ELECTROENCEPHALOGRAPHY	70	0.120456						28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.279988	110,218		30,860			29
30	IMPL. DEV. CHARGED TO PATIENT	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.287313	42,812		12,300			31
31.01	RENAL TXPLANT LAB	73.01	0.989493	726,265		718,634			31.01
32	RENAL DIALYSIS	74	0.251190	1,417		356			32
33	ASC (NON-DISTINCT PART)	75	0.222993						33
34	OTHER ANCILLARY (SPECIFY)	76							34
34.97	CARDIAC REHABILITATION	76.97	0.456377						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC (RHC)	88							35
36	FEDERALLY QUALIFIED HLTH CTR (F	89							36
37	CLINIC	90							37
38	EMERGENCY	91	0.261081						38
39	OBSERVATION BEDS	92	0.835352						39
40	OTHER OUTPATIENT SERV (SPECIFY)	93							40
41	TOTAL (SUM OF LINES 8-40)			1,718,113		916,890			41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3		38		43
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 OTHER SPECIAL CARE (SPECIFY)	7				47
48 TOTAL (SUM OF LINES 42-47)			38		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	947,361		1,742,559		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,939,532		1,939,532		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,886,893		3,682,091		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		39			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		32			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.820513			64
65 MEDICARE COST/CHARGES	2,368,733		3,021,204		65
66 REVENUE FOR ORGANS SOLD	41,361		41,361		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,327,372		2,979,843		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,327,372		2,979,843		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	8	8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		23		73
74 TOTAL (SUM OF LINES 70-73)	8	31		74
75 ORGANS TRANSPLANTED	8	23		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		8		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	8	31		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL. 2 x COL. 3)	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	801.87	1	802	1
2	INTENSIVE CARE UNIT	43	1,479.56			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45	1,289.51			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	OTHER SPECIAL CARE (SPECIFY)	47				6
7	TOTAL (SUM OF LINES 1-6)			1	802	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	50	0.201848	1,580	319	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.394507			10
11	ANESTHESIOLOGY	53	0.141363			11
12	RADIOLOGY-DIAGNOSTIC	54	0.252965			12
13	RADIOLOGY-THERAPEUTIC	55	0.156360			13
14	RADIOISOTOPE	56				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.039817			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.088061			16
17	CARDIAC CATHETERIZATION	59				17
18	LABORATORY	60	0.226743			18
19	PBP CLINICAL LAB SERVICES-PRGM	61				19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.308300			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRA	63				21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.162965			23
24	PHYSICAL THERAPY	66	0.418466			24
25	OCCUPATIONAL THERAPY	67	0.279286			25
26	SPEECH PATHOLOGY	68	0.322139			26
27	ELECTROCARDIOLOGY	69	0.168115			27
27.01	GI UNIT	69.01	0.235720			27.01
27.02	VASCULAR LAB	69.02	0.130061			27.02
28	ELECTROENCEPHALOGRAPHY	70	0.120456			28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.279988	379	106	29
30	IMPL. DEV. CHARGED TO PATIENT	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.287313			31
31.01	RENAL TXPLANT LAB	73.01	0.989493			31.01
32	RENAL DIALYSIS	74	0.251190			32
33	ASC (NON-DISTINCT PART)	75	0.222993			33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.456377			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC (RHC)	88				35
36	FEDERALLY QUALIFIED HLTH CTR (F	89				36
37	CLINIC	90				37
38	EMERGENCY	91	0.261081			38
39	OBSERVATION BEDS	92	0.835352			39
40	OTHER OUTPATIENT SERV (SPECIFY)	93				40
41	TOTAL (SUM OF LINES 8-40)			1,959	425	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		1		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49	RURAL HEALTH CLINIC (RHC)	21			49
50	FEDERALLY QUALIFIED HLTH CTR (F	22			50
51	CLINIC	23			51
52	EMERGENCY	24			52
53	OBSERVATION BEDS	25			53
54	OTHER OUTPATIENT SERV (SPECIFY)	26			54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	1,227		1,959		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	170,510		170,510		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	171,737		172,469		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		3			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		2			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.666667			64
65 MEDICARE COST/CHARGES	114,491		114,979		65
66 REVENUE FOR ORGANS SOLD	1,732		1,732		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	112,759		113,247		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	112,759		113,247		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		2		73
74 TOTAL (SUM OF LINES 70-73)		3		74
75 ORGANS TRANSPLANTED		2		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		3		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0148)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	97,785,634	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	6,738,105	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,618,024	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	398.62	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	87.55	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	0.62	8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	88.17	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	140.34	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	88.17	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	88.58	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	89.84	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	88.86	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.62	17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	89.48	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.224474	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.223332	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.223332	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	11,874,462	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	14.30	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	52.17	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	14.30	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.035874	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.009489	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	981,197	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	12,855,659	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0468	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1276	31
32	SUM OF LINES 30 AND 31	0.1744	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0409	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,999,432	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	121,378,830	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	121,378,830	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,486,769	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0148)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,842,007	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	2,440,131	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	2,095	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	137,149,832	59
60	PRIMARY PAYER PAYMENTS	119,784	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	137,030,048	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,969,671	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	622,357	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,783,343	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,248,340	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,563,311	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	127,686,360	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	127,686,360	71
72	INTERIM PAYMENTS	127,264,510	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	421,850	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	770,674	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL (14-0148)         IPF         IRF  
                                  SUB (OTHER)                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	12,864	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	36,972,461	2
3	PPS PAYMENTS	36,829,090	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	70,995	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	2,300	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	12,864	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	44,773	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	44,773	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	44,773	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	31,909	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	12,864	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	36,902,385	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	396	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	8,038,829	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	28,876,024	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	926,224	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	29,802,248	30
31	PRIMARY PAYER PAYMENTS	3,428	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	29,798,820	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,788,808	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,252,166	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,616,687	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	31,050,986	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-190	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	31,051,176	40
41	INTERIM PAYMENTS	30,827,035	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	224,141	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF (14-S148)         IRF  
     SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	4,248	2
3	PPS PAYMENTS	4,221	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	4,221	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	905	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	3,316	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	3,316	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	3,316	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,316	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	3,316	40
41	INTERIM PAYMENTS	3,316	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF (14-T148)  
    SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (14-T148) [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,129,230		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 05/18/2012	4,409	NONE	3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		4,409		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,133,639		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE	NONE	5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE	NONE	5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01	53,512		6.01
	PROVIDER PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,187,151		7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____	NPR DATE: _____	8

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
02/27/2013 09:10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0148) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	23,633	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	62,711	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,511	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	105,311	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,612,031,847	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	56,986,006	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	4,152,530	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	4,127,890	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	24,640	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S148)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,786,079	1
2	NET IPF PPS OUTLIER PAYMENT	184,475	2
3	NET IPF PPS ECT PAYMENT	104,657	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	3.12	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	3.35	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.12	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	30.079235	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	0.052140	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	197,406	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	4,272,617	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	4,272,617	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	4,272,617	18
19	DEDUCTIBLES	286,164	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,986,453	20
21	COINSURANCE	112,228	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,874,225	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	191,803	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	134,262	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	173,557	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	4,008,487	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	60	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,008,547	31
32	INTERIM PAYMENTS	3,880,508	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	128,039	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IRF (14-T148)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,748,958	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.039400	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	332,105	3
4	OUTLIER PAYMENTS	89,556	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.83	5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	0.40	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.40	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.142077	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.019363	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	72,591	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	4,243,210	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	4,243,210	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,243,210	19
20	DEDUCTIBLES	39,064	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,204,146	21
22	COINSURANCE	28,491	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,175,655	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	16,423	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	11,496	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	16,112	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,187,151	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,187,151	32
33	INTERIM PAYMENTS	4,133,639	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	53,512	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0148) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	11,626,543		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,626,543		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,626,543		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	11,626,543		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S148) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,055,528		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,055,528		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,055,528		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,055,528		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL  SNF  PPS  
 APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF (14-T148)  ICF/MR  OTHER  
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	573,291		1
2			2
3			3
4	573,291		4
5			5
6			6
7	573,291		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	573,291		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

SECTION 115.2

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII  
 BOX: [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		112.84 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		9.26 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		0.62 4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		104.20 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		144.09 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		104.20 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	52.37	85.32	137.69 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	37.87	61.70	99.57 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	37.87	61.70	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	38.16	60.82	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	40.56	58.81	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	38.86	60.44	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		0.62	16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	38.86	61.06	17
18	PER RESIDENT AMOUNT	78,564.00	78,564.00	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,052,997	4,797,118	7,850,115 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			39.89 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			7,850,115 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	70,490	3,852	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	121,496	121,496	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.580184	0.031705	28
29	PROGRAM DIRECT GME AMOUNT	4,554,511	248,888	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		35,168	30
31	NET PROGRAM DIRECT GME AMOUNT			4,768,231 31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			8,448,906 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			151,108,740 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			2,440,131 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			119,784 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			153,429,087 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			36,991,873 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,428 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			36,988,445 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			190,417,532 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.805751 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.194249 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,768,231 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,842,007 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			926,224 50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	16,084		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	121,496		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.132383		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	54,188,209			1
2 TEMPORARY INVESTMENTS	65,999,134			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	126,538,939			4
5 OTHER RECEIVABLES	6,266,370			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18,893,000			6
7 INVENTORY	8,386,214			7
8 PREPAID EXPENSES	4,263,191			8
9 OTHER CURRENT ASSETS	2,132,558			9
10 DUE FROM OTHER FUNDS	16,948,217			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	265,829,832			11
<b>FIXED ASSETS</b>				
12 LAND	5,011,403			12
13 LAND IMPROVEMENTS	25,994,726			13
14 ACCUMULATED DEPRECIATION	-9,858,969			14
15 BUILDINGS	183,862,049			15
16 ACCUMULATED DEPRECIATION	-114,245,637			16
17 LEASEHOLD IMPROVEMENTS	1,669,733			17
18 ACCUMULATED AMORTIZATION	-721,434			18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	141,650,712			23
24 ACCUMULATED DEPRECIATION	-88,569,377			24
25 MINOR EQUIPMENT DEPRECIABLE	5,719,329			25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	150,512,535			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	51,918,736			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	167,035,537			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	218,954,273			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	635,296,640			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	31,481,147			37
38 SALARIES, WAGES & FEES PAYABLE	18,859,532			38
39 PAYROLL TAXES PAYABLE	1,046,494			39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	33,625,577			43
44 OTHER CURRENT LIABILITIES	6,442,446			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	91,455,196			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE	109,628,478			46
47 NOTES PAYABLE	7,619,508			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	133,093,379			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	250,341,365			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	341,796,561			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	293,500,079			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	293,500,079			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	635,296,640			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		278,179,194							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		90,387,174							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		368,566,368							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN VALUE / INT RATE S	90,488								5
6 UNREAL GAINS									6
7 ASSETS RELEASED	819,983								7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		910,471							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		369,476,839							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CONTRIBUTIONS	32,885,597								13
14 CHANGE IN PENSION LEVELS	51,593,901								14
15 OTHER DEDUCTIONS	-8,502,738								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		75,976,760							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		293,500,079							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	116,441,709		116,441,709	1
3 SUBPROVIDER IPF	15,881,372		15,881,372	2
5 SUBPROVIDER IRF	5,357,675		5,357,675	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	137,680,756		137,680,756	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	29,460,165		29,460,165	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT	5,577,152		5,577,152	13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	35,037,317		35,037,317	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	172,718,073		172,718,073	17
18 ANCILLARY SERVICES	773,584,486	718,302,363	1,491,886,849	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	946,302,559	718,302,363	1,664,604,922	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		506,478,559	29
30 BAD DEBT			30
31 GRANT EXPENSE	65,277		31
32 PURCHASED SERVICE HAMP	31,656,786		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		31,722,063	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		538,200,622	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,664,604,922	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,154,960,936	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	509,643,986	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	538,200,622	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-28,556,636	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	100,343	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	4,441,522	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	385,635	20
21	RENTAL OF VENDING MACHINES	68,092	21
22	RENTAL OF HOSPITAL SPACE	2,532,399	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (HIGHER ED GRANT)		24
24.01	OTHER (CAPITATION)	49,341,422	24.01
24.02	OTHER (AUTOPSY REV)	28,855	24.02
24.03	OTHER (MISCELLANEOUS INCOME)	7,072,521	24.03
24.04	OTHER (OTHER)	239,770	24.04
24.05	OTHER (CHILD CARE)	1,118,477	24.05
24.06	OTHER (HOSPITAL ASSESSEMENT)	19,794,006	24.06
24.07	OTHER (CAPITATION REVENUE)		24.07
24.08	OTHER (OTHER OPERATING REVENUES)	2,637,097	24.08
24.09	OTHER (NON-OPERATING RELEASE FROM RESTRICT)		24.09
24.10	OTHER (GAIN/LOSS ON FAIR VALUE)	-127,903	24.10
24.11	OTHER (INTEREST RATE SWAP)		24.11
24.12	OTHER (REALIZED GAIN/LOSS)	8,622,887	24.12
24.13	OTHER (UNREALIZED GAIN/LOSS)	19,182,746	24.13
24.14	OTHER (DEFERRED COMP INT/DIVIDENDS)	88,942	24.14
24.15	OTHER (DONATIONS UNRESTRICTED)		24.15
24.16	OTHER (CONTRIBUTIONS RELEASED)		24.16
24.17	OTHER (INTEREST INCOME 85 SERIES)	168	24.17
24.18	OTHER (OPERATIONS INVESTMENT INTEREST)	29,721	24.18
24.19	OTHER (DEFERRED COMP EXPENSE)		24.19
24.20	OTHER (WORKERS COMP INTEREST)	136,799	24.20
24.21	OTHER (INVESTMENT INCOME EXPENSE)	-942,473	24.21
24.22	OTHER (SELF INSURANCE INTEREST)	303,271	24.22
24.23	OTHER (BOND FUND INTEREST INCOME)	3,943,560	24.23
24.24	OTHER (BOND SERIES INTEREST INCOME)	5,545	24.24
24.25	OTHER (INVESTMENT MGMT FEES)	-59,600	24.25
24.26	OTHER (EXTRAORDINARY GAIN / LOSS)		24.26
24.27	OTHER (ROUNDING)	8	24.27
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	118,943,810	25
26	TOTAL (LINE 5 PLUS LINE 25)	90,387,174	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	90,387,174	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2315

WORKSHEET I-1

CHECK APPLICABLE BOX:             [ XX ] RENAL DIALYSIS DEPARTMENT             [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	890,883	HOURS OF SERVICE	27,651.00	13.29	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS	7,821	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	104,677	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,003,381				9
10 EMPLOYEE BENEFITS	72,770	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	91,960	SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS	4,092	REQUISITIONS			15
16 OTHER	17,197	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,189,400				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	124,753	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	235,506	SALARY			20
21 ADMINISTRATIVE AND GENERAL	309,609	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	247,831	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY	-24,828	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	40,009	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,122,280				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,122,280				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2315

WORKSHEET I-2

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT RNS	PATIENT CARE SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT					
	1	2	3	4	5	6	
1 TOTAL RENAL DEPT COSTS	464,544		890,883		308,276	-20,736	1
2 MAINTENANCE							
3 HEMODIALYSIS	101,305		80,365		27,813	-5,909	2
4 INTERMITTENT PERITONEAL TRAINING							3
5 HEMODIALYSIS							4
6 INTERMITTENT PERITONEAL							5
7 CAPD							6
8 CCPD							7
9 HOME							
10 HEMODIALYSIS							8
11 INTERMITTENT PERITONEAL							9
12 CAPD							10
13 CCPD							11
14 OTHER BILLABLE SERVICES							
15 INPATIENT DIALYSIS	363,239		810,518		280,463	-14,827	12
16 METHOD II HOME PATIENT							13
17 EPO (INCL IN RENAL DEPT)						27,304	14
18 ARANESP (INCL IN RENAL DEPT)							15
19 OTHER							16
TOTAL (SUM OF LINES 2-16)	464,544		890,883		308,276	-20,736	17
MEDICAL EDUC PGM COSTS							18
TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2315

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1			1,642,967	479,313	2,122,280	1
2			203,574	59,390	262,964	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12			1,439,393	419,923	1,859,316	12
13						13
14						14
15						15
16						16
17			1,642,967	479,313	2,122,280	17
18						18
19					2,122,280	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	464,544		890,883		308,276	1
	MAINTENANCE						
2	HEMODIALYSIS	1,168	26,208.00	2,515.00		88,695	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRIMNTS 2,707	4,188	65,752.00	25,365.00		894,388	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	5,356	91,960.00	27,880.00		983,083	17
18	UNIT COST MULTIPLIER	86.733383		31.954197		0.313581	18
	(LINE 1 ÷ LINE 17)						

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3  
 (CONTINUED)

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	-20,736			1,642,967	479,313	1
2 HEMODIALYSIS	1,166					2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRMNTS 2,707	2,926					
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	4,092				1,642,967	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	-5.067449				0.291736	18

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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VERSION: 2012.11  
 02/27/2013 09:10

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2315 WORKSHEET I-4

CHECK APPLICABLE BOX:  [ XX ] RENAL DIALYSIS DEPARTMENT  [ ] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	1,079	262,964	243.71	752	183,270	212,390	282.43	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	1,079	262,964		752	183,270	212,390		11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2315

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	183,270	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	212,390	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	552	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	42,367	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	42,919	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	169,470	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LINE 1 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)		10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-014) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	7,820,400	1
2	CAPITAL DRG OUTLIER PAYMENTS	558,219	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	291.28	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	103.78	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1058	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	827,398	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0468	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1276	8
9	SUM OF LINES 7 AND 8	0.1744	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0359	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	280,752	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,486,769	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
33 BURN INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 GI UNIT					69.01
69.02 VASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 RENAL TXPLANT LAB					73.01
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
105 KIDNEY ACQUISITION					105
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 SIU SCHOOL OF MEDICINE					192.01
192.03 UNIVERSITY BUILDING (MHCCI)					192.03
192.04 MEALS ON WHEELS					192.04
192.05 ACS HOME CARE					192.05
192.06 VNA OF CENTRAL IL					192.06
192.07 GAMBRO					192.07
192.08 FOUNDATION					192.08

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY						192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204